

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33456**

BIRTH NO. 64262-49 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden Cotton Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cotton Hill</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Route 1</u>		d. STREET ADDRESS (If rural, give location) <u>Cotton Hill</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theлма</u> b. (Middle) <u>Lorraine</u> c. (Last) <u>Dowdy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Oct. 10-1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR <u>0</u> MONTHS <u>0</u> DAYS <u>5</u> IF UNDER 12 HRS. <u>5</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hershell Dowdy</u>		13b. MOTHER'S MAIDEN NAME <u>Virgie M. Jones</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hershell Dowdy R-1-Malden, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>176X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>birth</u> , 19___, to <u>Oct 10</u> , 19 <u>49</u> that I last saw the deceased alive on <u>birth</u> , 19 <u>49</u> and that death occurred at <u>10 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. C. Schuman</u> (Type or Print)		23b. ADDRESS <u>Malden Mo</u>	23c. DATE SIGNED <u>Oct 11/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Malden M. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 22, 1949</u>	REGISTRAR'S SIGNATURE <u>J. C. Schuman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dowdy Family Malden, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 24 1949
District Health Office No. 2
District File Number 1044-1081
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

NOT EMBALMED

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.