

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7597**BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5109** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY BALDWINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY BALDWINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BESSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BESSVILLE	
c. LENGTH OF STAY (In this place) 30YRS		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) JACKSON c. (Last) DOWD			4. DATE OF DEATH (Month) (Day) (Year) 3-9-50		
5. SEX M		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Aug. 6, 1917		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months 7 Days 3	
11. IF UNDER 1 HRS. Hours 1 Min. 1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTMASTER		10b. KIND OF BUSINESS OR INDUSTRY POSTAL SERVICE	
11. BIRTHPLACE (State or foreign country) MARQUAND, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME MARK DOWD		13b. MOTHER'S MAIDEN NAME MARGARET MILLER		14. NAME OF HUSBAND-OR WIFE MYRTLE DOWD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MYRTLE DOWD ADDRESS BESSVILLE, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic carcinoma		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		plelonephritis		1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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 **April**, 1948, to **Mar. 9**, 1950, that I last saw the deceased alive on **Mar. 5th**, 1950, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. Crites, Jr., M.D.		23b. ADDRESS Sedgewickville, Mo.		23c. DATE SIGNED 3/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-11-50		24c. NAME OF CEMETERY OR CREMATORY RHODES CHAPEL CEM.	
24d. LOCATION (City, town, or county) (State) MADISON CO. Mo.		DATE REC'D BY LOCAL REG. Mar. 22-50		REGISTRAR'S SIGNATURE Willie Gene Ambright	
25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME		ADDRESS WATERVILLE, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 11 1950

VS NOV 8 1950

RECEIVED

MAR 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-426

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md.

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.