No. 300
10-48

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FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36602

State File No.

BIRTH NO. REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5423 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sullivan, Rural
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sullivan Rural Route
d. STREET ADDRESS (If rural, give location): 0350

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Thomas
c. (Last): Dowdy

4. DATE OF DEATH (Month) (Day) (Year): Nov 3, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-15-1880
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Van Buren Co Ark
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Levi Dowdy
13b. MOTHER'S MAIDEN NAME: Rose Alva Cates
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Ed Lowdy
ADDRESS: Sullivan, Mo

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) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1948-1950

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinsonism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
350X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* 2 Nov, 1950, *that I last saw the deceased alive on* 2 Nov, 1950, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eberth Mohler D (Degree or title)
23b. ADDRESS: Sullivan, Mo.
23c. DATE SIGNED: 8 Nov 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-5-50
24c. NAME OF CEMETERY OR CREMATORY: Crude Cemetery
24d. LOCATION (City, town, or county) (State): Sullivan Mo

DATE REC'D BY LOCAL REG.: 11-15-50
REGISTRAR'S SIGNATURE: Mrs. J. N. Ramey
25. FUNERAL DIRECTOR'S SIGNATURE: M. Daniel Funeral Home
ADDRESS: Sullivan, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

NOV 30 19

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 [illegible]

Licensed Embalmer No. 4466

P. O. Address Sweet, Mo

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

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