S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36061

FILED OCT 16 1951

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6089 Registrar's No. 30

970

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmwood Twp
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/4 mile East of Mt Leonard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elmwood Twp
d. STREET ADDRESS (If rural, give location): 1/4 mile East of Mt Leonard

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): Elliot
c. (Last): Dowden

4. DATE OF DEATH (Month) (Day) (Year): October 13 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb 14 1870
9. AGE (In years last birthday): 81 — 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: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William F Dowden
13b. MOTHER'S MAIDEN NAME: Sara L Neville
14. NAME OF HUSBAND OR WIFE: Madie Dowden

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.: 491-09-8834
17. INFORMANT'S SIGNATURE OR NAME: Madie Dowden — ADDRESS: Mt Leonard 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): Hypertension - Myocarditis - Cerebral accident -
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis -
DUE TO (c): Senility

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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* June, 1950, *to* Oct 13, 1951, *that I last saw the deceased alive on* Oct 1, 1951, *and that death occurred at* Oct 13 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R Lawrence M.D.
23b. ADDRESS: Marshall, Mo
23c. DATE SIGNED: Oct 13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 15, 1951
24c. NAME OF CEMETERY OR CREMATORY: Blackburn
24d. LOCATION (City, town, or county) (State): Blackburn Mo

DATE REC'D BY LOCAL REG.: 10/13/51
REGISTRAR'S SIGNATURE: Dally Andrew 293
25. FUNERAL DIRECTOR'S SIGNATURE: Edgar L. Moseley — ADDRESS: Sweet Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 15 1951
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed OCT 15 1951

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 Edgar L. Moseley
Licensed Embalmer No. 4711
P. O. Address Sweet Springs Mo

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.