

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15274

State File No. ....

FILED MAY 5- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 6102 Registrar's No. 0990

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND Co</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY OR TOWN <u>RURAL JEFF.</u> c. LENGTH OF STAY (in this place) <u>53 YRS.</u>		c. CITY OR TOWN <u>RURAL JEFF TWS.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARIE</u>	b. (Middle) <u>DOWDALL</u>	c. (Last) <u>DOWDALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR 18 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 19, 1895</u>	9. AGE (In years) (Month) (Day) <u>56</u>	IF UNDER 1 YEAR (Month) (Day)	IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MIAMI OKLA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HARRY POOLE</u>	13b. MOTHER'S MAIDEN NAME <u>LENA EWING</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE DOWDALL</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Dowdall</u>	ADDRESS <u>Memphis</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Massive Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>		
	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? <u>331X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 7, 1947, to April 18, 1952 that I last saw the deceased alive on April 18, 1952, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Keethler, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Memphis Mo. 4-21-52</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>	24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>5/3/52</u>	REGISTRAR'S SIGNATURE <u>Vera Turner</u>	476	25. LICENSED EMBALMER'S SIGNATURE <u>H. W. ...</u>	ADDRESS <u>MEMPHIS</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis 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.