

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30494

State File No. \_\_\_\_\_

FILED AUG 29 1952

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3073		Registrar's No. 31		
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE		c. LENGTH OF STAY (In this place) 20 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE 1001				
d. FULL NAME OF HOSPITAL OR INSTITUTION 109 HELEN AVE				d. STREET ADDRESS (If rural, give location) 109 HELEN AVE				
3. NAME OF DECEASED (Type or Print) a. (First) RUDDEL GLEN b. (Middle) DOW c. (Last) DOW			4. DATE OF DEATH (Month) (Day) (Year) AUG 8 1952					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-18-1893		9. AGE (In years last birthday) 59.6	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) CLEAR		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) OAKRIDGE MO		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME HENRY DOW		13b. MOTHER'S MAIDEN NAME EMMA J. MILLER		14. NAME OF HUSBAND OR WIFE NORMA DOW				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-18-1168		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Norma Dow - Chaffee 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) I saw the deceased a few minutes after being called - account his great difficulty in getting his breath - He was lying back in a chair - DEAD. The family stated he leaned back in chair - gapped a few times and was gone. He was known to have heart trouble. ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) I sign this certificate for CORONER II. OTHER SIGNIFICANT CONDITIONS POE - as un-diagnosed - unknown but natural cause of death. INTERVAL BETWEEN ONSET AND DEATH					19. DATE OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 7955				
22. I hereby certify that I am the deceased from _____, 19____, to Aug 8, 1952, that I last saw the deceased _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE [Signature]				23b. ADDRESS		23c. DATE SIGNED 8-10-52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-10-52		24c. NAME OF CEMETERY OR CREMATORY OLD BOSCHEN		24d. LOCATION (City, town, or county) (State) OAKRIDGE MO		
DATE REC'D BY LOCAL REG. 8-21-52		REGISTRAR'S SIGNATURE Mrs Fred Beiglinghoff		25. FUNERAL DIRECTOR'S SIGNATURE 445-0 Mrs M. L. [Signature]		ADDRESS CHAFFEE MO		

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300  
10.48

RECEIVED AUG 25 1952  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 852-257

1952 9 1 1-2

**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

*C. J. Lorberg*

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.