

REC'D DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37696

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1229

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2825 Renick St.</b>		d. STREET ADDRESS (If rural, give location) <b>2825 Renick St.</b> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b>		b. (Middle) <b>G.</b>		c. (Last) <b>Dow</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 22, 1952</b>	
5. SEX <b>male</b> <u>0</u>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b> <u>/</u>		8. DATE OF BIRTH <b>December 16, 1877</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. mail clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Waseca County, Minnesota</b> <u>/</u>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Frederic M. Dow</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Waterbury</b>		14. NAME OF HUSBAND OR WIFE <b>Fayth W.</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>unk.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Fayth Dow, 2825 Renick, St. Joseph, Mo.</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Carcinoma of stomach</b>		<b>9 mos</b>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>151X</b>

19a. DATE OF OPERATION <b>10/29/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach &amp; metastasized to liver</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Oct. 13, 1952 to Oct. 22, 1952 that I last saw the deceased alive on Nov. 21, 1952 and that death occurred at 7:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Thompson Jr.</b> (Degree or title)		23b. ADDRESS <b>902 Edmund St. Joseph</b>		23c. DATE SIGNED <b>11/24/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b> <u>5</u>		24b. DATE <b>11/25/1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Janesville</b>		24d. LOCATION (City, town, or county) (State) <b>Minnesota</b>	
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DATE REC'D BY LOCAL REG. <b>Nov. 28, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casper</b> <u>446</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wharton-Bowman Funeral Home</b> <b>St. Joseph, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Eugene Wood*

Licensed Embalmer No. *38046*

P. O. Address *314 So. 10th, St. Joseph*

**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.