

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **621**

No. 300  
10.48

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

**FILED FEB 9 1954** REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **5289** Registrar's No. **9**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>CLAY</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY OR TOWN <b>Gladstone</b>	c. LENGTH OF STAY (in this place) <b>26 YRS</b>	c. CITY OR TOWN <b>Gladstone</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Englewood Rd</b>		e. STREET ADDRESS (If rural, give location) <b>Englewood Rd 6000</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Homer</b> b. (Middle) <b>Clinton</b> c. (Last) <b>Dowell</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JAN 29, 1954</b>
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>SEPT 23 1898</b>
<b>9. AGE</b> (In years last birthday) <b>55</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>BATTERY SPRAYER Elec. BATTY STY. Co.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Melbourne, MO</b>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>John D. Dowell</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>SARAH BROWN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Christine Dowell</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>499-14-4646</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MRS. CHRISTINE DOWELL</b>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pneumonia Terminal</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>pericarditis constrictiva</b> DUE TO (c) <b>Procurion of stomach</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Retained stool from renal calculi.</b>	
<b>19a. DATE OF OPERATION</b> <b>1952</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Procurion of the stomach</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>151 X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from Jan 18 52, to Jan 29, 1954, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 7:30 m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Marquitta Hudgens</b>		<b>23b. ADDRESS</b> <b>No. 10000 St. Mo</b>	<b>23c. DATE SIGNED</b> <b>1-29-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>2-1-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>White Chapel M.G.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>CLAY CO. MO.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>2-3-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>495-0</b> <b>Marquitta Hudgens</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>D.W. NEWCOMER'S, No. N.C. MO</b>	

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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 .....  
Signature of Student Embalmer

Signed *Glenn H. Hill* .....

Licensed Embalmer No. *458*

P. O. Address *K.C. 16, 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.