

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35669
State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 317

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ELVINS</u>		c. CITY OR TOWN <u>ELVINS</u>	d. Is 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		e. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u> b. (Middle) <u>M.</u> c. (Last) <u>McDowell</u>	4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>12</u> (Year) <u>1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 5, 1895</u>	9. AGE (In years last birthday) <u>58</u> if UNDER 1 YEAR Months <u>11</u> Days <u>7</u> if UNDER 2 HRS. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Fronton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>HARRISON CLINTON</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN McDowell</u>
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15. HAS 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>John McDowell Elvins, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anaplastic Adenocarcinoma of Breast</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>170 X</u>	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)
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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
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22. I hereby certify that I attended the deceased from 7-5-, 1953, to 10-12, 1954, that I last saw the deceased alive on 10-12-, 1954, and that death occurred at 8:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.O. Morris, M.D.</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>Elvins, Mo.</u>	23c. DATE SIGNED <u>10-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct. 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	24d. LOCATION (City, town, or county) (State) <u>Bismarck, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 13, 1954</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>	ADDRESS <u>Flat River, Mo.</u>
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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 *R. Caldwell*.....

Licensed Embalmer No. *253*.....

P. O. Address, *Flat River*.....

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.