

No. 300
10.48

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5477 State File No. 4589

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Grundy 0400		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edinburg R.F.D. No. 1		c. CITY OR TOWN Trenton	
c. LENGTH OF STAY (In this place) 4 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. 6 Trenton, Mo. 1		STREET ADDRESS (If rural, give location) R.F.D. 6 0400	

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) MARINDA	c. (Last) Dowell	4. DATE OF DEATH (Month) (Day) (Year) JAN 12 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 10 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hiram Henaley	13b. MOTHER'S MAIDEN NAME MARIAH Goodwin	14. NAME OF HUSBAND OR WIFE E. J. Dowell
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME E. J. Dowell	ADDRESS Trenton, MO
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obesity. Senility + fracture Hip 8 weeks DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9030 20	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) yes	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Madison Grundy Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-24-1954 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell over a rug.
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22. I hereby certify that I attended the deceased from **11-24-1954**, to **1-12-1955**, that I last saw the deceased alive on **1-11-1955**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Muriel Simon M.D.	23b. ADDRESS Trenton Mo	23c. DATE SIGNED 1-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE JAN. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY 100 F Cemetery	24d. LOCATION (City, town, or county) (State) Edinburg, MO
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DATE REC'D BY LOCAL REG. 1-15-55	REGISTRAR'S SIGNATURE Jane Row	25. FUNERAL DIRECTOR'S SIGNATURE Gordon Blackmon	ADDRESS Jinton, Mo.
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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.....
Signature of Student Embalmer

Signed *Harold L. Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *Leicester, Pa.*

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.