

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7202

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5063 Registrar's No. 7

|   |                               |  |                                     |
|---|-------------------------------|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barton</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>   |                                     |
| b. CITY OR TOWN <u>Rural-Barton City twp</u>  |                               | c. CITY OR TOWN <u>Liberal-Rural-Barton City township</u>  |                                     |
| c. LENGTH OF STAY (in this place) <u>4 yrs</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi N. + 5 1/4 mi E. of Liberal Mo</u>   |                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                               | d. STREET ADDRESS  |                                     |
| 3. NAME OF DECEASED<br>(Type or Print)  |                               | 4. DATE OF DEATH (Month) (Day) (Year)  |                                     |
| a. (First) <u>Ada</u>   |                               | b. (Middle) <u>Alice</u>   |                                     |
| c. (Last) <u>Dow</u>  |                               | Date: <u>March 26, 1955</u>  |                                     |
| 5. SEX <u>fe</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>Aug 7, 1878</u> |
| 9. AGE (In years last birthday) <u>76</u>   |                               | 10. KIND OF BUSINESS OR INDUSTRY <u>own home</u>   |                                     |
| 11. BIRTHPLACE (State or foreign country) <u>England</u>  |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                                     |
| 13a. FATHER'S NAME <u>Nevry Percy</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Susanna Hays</u>  |                                     |
| 14. NAME OF HUSBAND OR WIFE <u>Frank E. Dow (deceased)</u>  |                               | 15. WAS 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. _____   |                               | 17. INFORMANT'S SIGNATURE OR NAME <u>Percy Dow</u> ADDRESS <u>Liberal Mo. R2</u>   |                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Congestive Heart disease 2 yrs</u><br>DUE TO (c) <u>Senility &amp; Hypotensive State</u><br>II. OTHER SIGNIFICANT CONDITIONS <u>This patient has not had medical care for 2 or more years, and death was sudden, and appeared to be due to Cory occlusion.</u> |                                     |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS 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) <u>4201</u>  |                                     |
| 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 <u>Mar 26, 1955</u> , to <u>Mar 26, 1955</u> , that I last saw the deceased alive on <u>Mar 26, 1955</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.   |                                     |
| 23a. SIGNATURE <u>M. H. Kneeland D.O.</u> (Degree or title)   |                               | 23b. ADDRESS <u>Liberal, Mo.</u>   |                                     |
| 23c. DATE SIGNED <u>3-27-55</u>   |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  |                                     |
| 24b. DATE <u>Mar. 27, 1955</u>  |                               | 24c. NAME OF CEMETERY OR CREMATORY <u>Faitha</u>   |                                     |
| 24d. LOCATION (City, town, or county) (State) <u>Faitha Mo</u>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.M. Berkey</u> ADDRESS <u>Mulberry, Kansas</u>  |                                     |
| DATE REC'D BY LOCAL REG. <u>Mar 28 1955</u>   |                               | REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u> ADDRESS <u>420 -</u>   |                                     |

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 J. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans

**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.