

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3947

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	State File No. 1185	Registrar's No. 185
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print) a. (First) Robena b. (Middle) Elizabeth c. (Last) Dowdy			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 10, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY house work	11. BIRTHPLACE (State or foreign country) Union County, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas William Dowdy		13b. MOTHER'S MAIDEN NAME Lottie Ann Warren		14. NAME OF HUSBAND OR WIFE	
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 ADDRESS Mrs. Etta Williams Neelyville, Mo		
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					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH Many years	
ANTECEDENT CAUSES					
Morbid 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			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221			
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) (Min.)		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 2-21-56, 1956, to 2-23-1956, that I last saw the deceased alive on 2-23-1956, and that death occurred at 2:05A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert C. Engelhardt M.D.		23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 2/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/26/56		24c. NAME OF CEMETERY OR CREMATORY Lutes Cemetery	
				24d. LOCATION (City, town, or county) (State) Neelyville Mo.	
DATE REC'D BY LOCAL REG. 2/29/56		REGISTRAR'S SIGNATURE R. W. Mueller		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell-Ermert Corning, Ark.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAR 6 - 1956  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

**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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Richard C. Ewing*

Licensed Embalmer No. \_\_\_\_\_

*782*

P. O. Address \_\_\_\_\_

*Corning, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.