

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1956

State File No. **4019**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4072 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Camden Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Creek Mo</u>		c. CITY OR TOWN <u>Linn Creek Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>01500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Creek Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Greene</u> b. (Middle) <u>B</u> c. (Last) <u>McDowell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 21 - 1895</u>
9. AGE (in years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kaiser Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Charles Mc Dowell</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Clare Mc Dowell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-18-7527</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ernie Barnes Camden Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 Mos.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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"/>	
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>410X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Nov. 1955, to Feb. 9, 1956, that I last saw the deceased alive on Feb. 9, 1956, and that death occurred at 5:32 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. S. Whitcomb M.D.</u> (Degree or title)		23b. ADDRESS <u>Camden Mo.</u>		23c. DATE SIGNED <u>2-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 11 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery</u>	
		24d. LOCATION (City, town, or county) <u>Camden Co</u>		(State) <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>Feb. 13 1956</u>		REGISTRAR'S SIGNATURE <u>Zilpha J. Draw</u> 420		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banckson-Wooley, Robert H Reed Camden, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Robert H. Reed* .....

Licensed Embalmer No. *3245*

P. O. Address *Camden, N.J.*

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.