

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8669**

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 4885		Registrar's No. 569			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY Franklin	
b. CITY OR TOWN St. Clair Mo		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY OR TOWN St. Clair		d. 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 _____				e. STREET ADDRESS (If rural, give location) 0360					
3. NAME OF DECEASED (Type or Print) (First) Leroy N. Dowles			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Mar 13-1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 27-1880		9. AGE (In years if under 1 year last birthday) Months Days Hours & Min. 75 11 28 4 AM	
10a. USUAL OCCUPATION (Give kind of work occupying most of working life, even if retired) Police Officer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Richard Warren Dowles			13b. MOTHER'S MAIDEN NAME Mary Parkinson			14. NAME OF HUSBAND OR WIFE Grace			
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. 494-28-2819A		17. INFORMANT'S SIGNATURE OR NAME H. N. Calloway			ADDRESS St. Clair 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* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis						??	
		DUE TO (c) Cholera Intestinalis fulminans						7 yrs.	
		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) 4201					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19 54 , to Death , 19____, that I last saw the deceased alive on Mar-12 , 19 56 , and that death occurred at 7:45 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John J. Paul, MD				23b. ADDRESS St. Clair Mo.		23c. DATE SIGNED 3-16-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove (Londell Mo)		24d. LOCATION (City, town, or county) (State) Londell, Mo.			
DATE REC'D BY LOCAL REG. 3-15-56		REGISTRAR'S SIGNATURE Bloyd McElwain			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sherrwood St. Mitchell St. Clair, Mo.				

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

511-0

MAR 30 1956

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 *Sherwood W. Mitchell*

Licensed Embalmer No. *3734*

P. O. Address *H. Clair*

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.