

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25148

State File No. _____

S. No. 300
V. 10.48

FILED JUL 30 1952

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Moniteau 0689</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau 0680</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortuna - Widened 3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortuna</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Laura</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Dowler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July, 20th, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January, 15, 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Littleton Ivy</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Elliott</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Dowler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>-----</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George W. Dowler, Fortuna, Mo</u>	ADDRESS <u></u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	<u></u>	<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Cerebral arteriosclerosis</u>	<u>1-2 years</u>	
	DUE TO (c) <u>Generalized arteriosclerosis</u>	<u>20-30 yrs.</u>	
11. 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 <u>331 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 1952, to July 20, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth Kaufman, M.D.</u> (Degree or title)	23b. ADDRESS <u>Versailles, Mo</u>	23c. DATE SIGNED <u>July 22, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Grove</u>	24d. LOCATION (City, town, or county) (State) <u>#3 Mi. East Fortuna, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 24, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maudie Hudson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Fernell E. Richards</u>	ADDRESS <u>Linton, Mo</u>
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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
Student Embalmer

Signed

James E. Richards

Licensed Embalmer No. *2466*

P. O. Address *Lipton 710*

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.