MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-010742
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 198

FILED APR 11 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1164		
2	31168		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	332X		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Campbell

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau
Length of stay in 1b: 19 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1410 No. Water Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1410 No. Water St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Charles Middle: A. Last: Dow

4. DATE OF DEATH: Month, Day, Year: April 4, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/5/1885

9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Shoe Factory Employee-International

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Jackson, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Dow

13b. MOTHER'S MAIDEN NAME: Emma Miller

14. NAME OF HUSBAND OR WIFE: Ruth Garner Dow

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.: 498-16-6223

17. INFORMANT Address: Mrs. Ruth Dow-Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis, generalized	3 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1950 to April 4, 1963 and last saw her/him alive on April 4, 1963
Death occurred at 1:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward D Campbell M.D.

22b. ADDRESS: Cape Girardeau, Missouri

22c. DATE SIGNED: 4-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/06/1963

23c. NAME OF CEMETERY OR CREMATORY: Old Goshen Cemetery

23d. LOCATION (City, town, or county) (State): Near Oak Ridge, Mo.

24. FUNERAL DIRECTOR ADDRESS: L. L. Haman-Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.: 4-9-63

26. REGISTRAR'S SIGNATURE: Emma Kasten

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1963

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 Howard L Hamman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

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.