

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22944

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 5787		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Capitular</u>			
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Rural Tywappi</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Rural Byrd</u> d. 60		d. STREET ADDRESS (If rural, give location) <u>2 Mi. E. Fruitland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. N. Charleston</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>McDowell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 6-1877</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James McDowell</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Covin</u>	
13c. NAME OF HUSBAND OR WIFE <u>Hettie McDowell Dye</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>none</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Paul McDowell</u>	
16. INFORMANT'S SIGNATURE OR NAME		17. ADDRESS <u>Fruitland</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Coronary Occlusion</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chr. Myocarditis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Cardiac arrhythmia</u>			
18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>D.K.</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>since Dec 10/1954</u>	
19a. DATE OF OPERATION <u>None</u>		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)			
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 <u>Dec 10, 1954</u> to <u>Apr 5, 1955</u> , that I last saw the deceased alive on <u>Jan 3, 1955</u> , and that death occurred at <u>2:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Chas. Kalving</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>4/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>4 Mi. E. Jackson Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-25-55</u>		REGISTRAR'S SIGNATURE <u>Jean Deane</u> 480-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Denette Hard Jackson</u> ADDRESS			

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

0670

JUL 22 REC'D
RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 25 1955

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

R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Miss.

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.