

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 345

- DO NOT WRITE ON THIS STUB
- 9. 1
 - 10a. 65
 - 10b.
 - 11. 0
 - 12. 1
 - 13. 1829
 - 14.
 - 15. 4
 - 16.
 - 17.
 - 18. 2
 - 19. CREDITS
 - 20. 1-0

VS 300
 Rev. 1/70

4. 0945
 5. 02

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. Mildred Edith McDowell		SEX 2. female	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 9, 1971
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white	AGE—LAST BIRTHDAY (YEARS) 5a. 65	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.
DATE OF BIRTH (MONTH, DAY, YEAR) 6. Nov 12, 1905		COUNTY OF DEATH 7a. St. Francois	
CITY, TOWN, OR LOCATION OF DEATH 7b. Farmington		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Mineral Area Osteopathic Hospital	
7c. yes		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12. housewife		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Frank McDowell, Sr.	
KIND OF BUSINESS OR INDUSTRY 13b. home		RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION 14a. Missouri St. Francois 14c. Bonne Terre	
14b. no		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14d. no		STREET AND NUMBER 14e. Route # 1	
FATHER—NAME FIRST MIDDLE LAST 15. Joseph McCalister		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Franklin, Maude McCalister	
INFORMANT—NAME 17a. Frank McDowell, Sr.		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Route # 1, Bonne Terre, Missouri	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
18. IMMEDIATE CAUSE (a) Metastatic Adenocarcinoma of the Liver			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO, OR AS A CONSEQUENCE OF: (b) Carcinoma of the Uterus (Hysterectomy 3 years ago)			3 years
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
DUE TO, OR AS A CONSEQUENCE OF: (c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.
HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18] 20d.		AUTOPSY (YES OR NO) 19a. No	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.
IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
CERTIFICATION—PHYSICIAN: IF ATTENDED THE DECEASED FROM 21a. March 1971 to July 9, 1971		AND LAST SAW HIM/HER ALIVE ON 21c. July 9, 1971	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b.	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 22c.
CERTIFIER—NAME (TYPE OR PRINT) 23a. W. A. Rohlfing, D.O.		SIGNATURE 23b.	DATE SIGNED (MONTH, DAY, YEAR) 23c. 7/10/71
MAILING ADDRESS—CERTIFIER 23d.		STREET OR R.F.D. NO. Flat River, Mo.	CITY OR TOWN STATE 63601
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Marvin Chapel	
DATE (MONTH, DAY, YEAR) 24d. July 12, 1971		LOCATION CITY OR TOWN STATE 24c. Route # 1, Bonne Terre, Mo.	
FUNERAL HOME—NAME AND ADDRESS 24e. C.Z. Boyer & Son, 313 Benham, Bonne Terre, Mo. 63628		FUNERAL DIRECTOR—SIGNATURE 25b. B.T. Boyer	
REGISTRY—SIGNATURE 25c. Esther Mathews		DATE RECEIVED BY LOCAL REGISTRAR 25d. July 10, 1971	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUL 28 1971

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 Burlin T. Boyer

Licensed Embalmer No. 5117

P. O. Address Bonieton Mo
63618

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.