

FILED FEB '9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2283

BIRTH NO.		REG. DIST. NO. 231		PRIMARY REG. DIST. NO. 4346		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> <b>Montgomery</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Montgomery</b>		c. LENGTH OF STAY (in this place) <b>30 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Montgomery</b> <b>0700</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>none</b> <b>0</b>			
3. NAME OF DECEASED (Type or Print) <b>Glover</b>		a. (First) <b>Glover</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Dowell</b>	
4. DATE OF DEATH <b>Feb 1 st 1953</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>M</b>		8. DATE OF BIRTH <b>May 21 st 1891</b>		9. AGE (In years last birthday) <b>61</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Judge of Circuit Court</b>	
11. BIRTHPLACE (State or foreign country) <b>La Belle MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Everett Dowell</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Glover</b>	
14. NAME OF HUSBAND OR WIFE <b>Emily Hensley Dowell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>World War #1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Emily Dowell Montgomery City Mo</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Marsue Coronary Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis chronic</b>				6 yrs.	
		DUE TO (c) <b>Angine pectoris</b>				5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4:20 P.M.</b>				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 <b>2 - 4</b> <b>1953</b> , to <b>21 -</b> , <b>1953</b> , that I last saw the deceased alive on <b>1 - 22</b> , <b>1953</b> , and that death occurred at <b>3 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>James O. Helm M.D.</b>				23b. ADDRESS <b>1400 Florence Mo.</b>		23c. DATE SIGNED <b>2-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-3-53</b>		24c. NAME OF CEMETERY <b>Montgomery City</b>		24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>	
DATE REC'D BY LOCAL REG. <b>Feb - 3 - 1953</b>		REGISTRAR'S SIGNATURE <b>Laura B. Callaway</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>		ADDRESS <b>MONTGOMERY CITY MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECORDS TO BE KEPT IN MONTGOMERY CITY

8561 8 1 031

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, XXXX on the day of Feb 1953

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. J. Rius*

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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 this body is not embalmed, fact should be so stated above.