

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*C Perkins*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 0 23 2322  
STATE FILE NUMBER

FILED JUN 18 1957

Registration District No. *336* Primary Registration District No. *6124* Registrar's No. *419*

1. PLACE OF DEATH a. COUNTY <i>Shannon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Shannon</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>5 mi S E of Birch Tree</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>RFD Birch Tree</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>home</i>			Length of stay in lb <i>most life</i>	d. STREET ADDRESS (If outside, give location) <i>5 mi. S.E.</i>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Louis</i> Middle <i>Minor</i> Last <i>Dowler</i>				4. DATE OF DEATH Month <i>June</i> Day <i>3</i> Year <i>1957</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 26, 1878</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>	11. BIRTHPLACE (City and state or country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Clinton Dowler</i>				14. MOTHER'S MAIDEN NAME <i>Syden</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Paul Dowler, Birch Tree, Missouri</i> Address _____				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CORONARY OCCLUSION ACUTE</i>						INTERVAL BETWEEN ONSET AND DEATH <i>ACUTE</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
DUE TO (c) _____						PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>4201</i>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>2/24/57</i> and last saw her alive on <i>5/25/57</i> Death occurred at <i>4:15 h.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>M B Perkins, M.D.</i> (Degree or title)				22b. ADDRESS <i>Willow Springs Mo.</i>		22c. DATE SIGNED <i>6/13/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>6/5/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Forest Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Birch Tree, Missouri</i>			
24. FUNERAL DIRECTOR <i>Duncan Funeral Home Mtn View, Mo.</i>			ADDRESS _____	25. DATE RECD. BY LOCAL REG. <i>June 17, 1957</i>	26. REGISTRAR'S SIGNATURE <i>Mobile Reese</i>		

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1957

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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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.