

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7725

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 116	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson 0161			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Southeast Missouri Hosp.				d. STREET ADDRESS (If rural, give location) 403 Hope St.			
3. NAME OF DECEASED (Type or Print) ADDIE		a. (First) LOU		c. (Last) DOW		4. DATE OF DEATH (Month) (Day) (Year) March 14 1951	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Oct. 30 1881	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Old Appleton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Cotner		13b. MOTHER'S MAIDEN NAME Sarah Howard		14. NAME OF HUSBAND OR WIFE O.L. Dow (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Kurre Allen - Jackson, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polycystic kidney disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7571				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 28, 1950, to Mar 14, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE C.F. McDonald (Degree or title) M.D.				23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 3-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/51		24c. NAME OF CEMETERY OR CREMATORY Goshen		24d. LOCATION (City, town, or county) (State) Oak Ridge, Mo.	
DATE REC'D BY LOCAL REG 3-18-1951		REGISTRAR'S SIGNATURE T.C. Summers		5. FUNERAL DIRECTOR'S SIGNATURE M.C. Combs		ADDRESS Funeral Home & Undertaking Co. Jackson, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 27 1951

DISTRICT HEALTH OFFICE No. 6

No.

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.....

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3057

P. O. Address Jackson

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.