

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32943

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rich Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rich Hill</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>104 Myrtle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 Myrtle</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Job</u>	b. (Middle) <u>-</u>	c. (Last) <u>Downen</u>	(Month) <u>Oct.</u>	(Day) <u>30,</u>	(Year) <u>1949</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 25, 1865</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroadman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroading</u>	11. BIRTHPLACE (State or foreign country) <u>Greencastle, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Downen</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Russell</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Downen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Osborne</u>	ADDRESS <u>Rich Hill, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u>		<u>1 WEEK</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LEUKEMIA</u>		<u>3 WEEKS</u>
DUE TO (c) <u>PROSTATIC HYPERTROPHY</u>		<u>UNKNOWN</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC INTERSTITIAL NEPHRITIS</u>		<u>UNKNOWN</u>	<u>572X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from SEPT. 19, 1949, to OCT 25, 1949, that I last saw the deceased alive on OCT 25, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Cooper</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>BUTLER, MO</u>	23c. DATE SIGNED <u>Nov. 1, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) <u>Rich Hill, Missouri</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>Nov. 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Serv. Rich Hill, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 10-49-1

Date Filed 11-8-49

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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 .....  
Student Embalmer

Signed Robert L. Steinbrink

Licensed Embalmer No. 4657

P. O. Address Butler, 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.