

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8405

FILED MAR 29 1950

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 30

0411
5

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Beckham</u> c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Beckham</u> <u>0411</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrison County Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>-</u> c. (Last) <u>Downey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22, 1950</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 20, 1864</u>	9. AGE (in years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Andover, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Skillman Downey</u>	13b. MOTHER'S MAIDEN NAME <u>Mercy Houten</u>	14. NAME OF HUSBAND OR WIFE <u>Not married</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Beaver, Beckham, Mo.</u>	ADDRESS
---	--	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardites</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4221</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
--	--	---

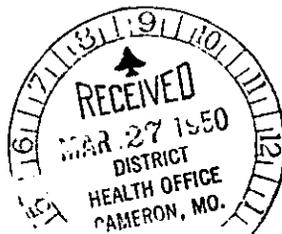
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Feb 4, 1950, to March 22, 1950, that I last saw the deceased alive on Mar 22, 1950, and that death occurred at 7:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Reed D. J. Beckham M.D.</u>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>3/23/50</u>
---	-------------------	--------------	------------------------------------

24a. BURIAL (CREMATION, REMOVAL) (Specify)	24b. DATE <u>Mar 28, '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monson Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Beckham, Mo.</u>
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Mich 24-50</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	116	25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Noble</u>	ADDRESS <u>New Hampton, Mo.</u>
---	---	-----	--	------------------------------------



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 Ms

Student Embalmer No. _____

working under my personal supervision.

Signed W H Noble

Signed _____
Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.