

No. 3500
10-48

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

80000

0421
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>		c. LENGTH OF STAY (In this place) <u>3 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>		0421	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cheery ST</u>				d. STREET ADDRESS (If rural, give location) <u>Cheery ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>Estel</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		8. DATE OF BIRTH <u>June 17, 1903</u>		9. AGE (In years last birthday) <u>48</u> IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 1 MIN. _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Joe Downing</u>			
13b. MOTHER'S MAIDEN NAME <u>Flora Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Downing</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>495-24 1230</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Downing</u>		ADDRESS <u>Windsor, Mo.</u>			
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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric Ulcer</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u> <u>30 yrs.</u> <u>47 1/4</u> <u>18 yrs.</u>	
19a. DATE OF OPERATION <u>None</u>		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)		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 <u>May 10, 1950</u> , to <u>June 24, 1950</u> , that I last saw the deceased alive on <u>June 24, 1950</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Blackmore</u>		(Degree or title)		23b. ADDRESS <u>Windsor, Mo.</u>		23c. DATE SIGNED <u>6-25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July-28-1950</u>		REGISTRAR'S SIGNATURE <u>J. Louence Adams</u>		422		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Branninger</u>	
						ADDRESS <u>Windsor, Mo.</u>	

RECEIVED 7-10
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-10-58

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 _____

Licensed Embalmer No. 3377

P. O. Address _____

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.