

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39668

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4549 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale	
c. LENGTH OF STAY (in this place) 16 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Lettitia	c. (Last) Downey	4. DATE OF DEATH (Month) (Day) (Year) 11 13 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 6 11 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 2	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (State or foreign country) Worth County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christopher G. Motsinger	13b. MOTHER'S MAIDEN NAME Cyntha Ann Vandiver	14. NAME OF HUSBAND OR WIFE Joseph Franklin Downey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ruth Adams Allendale, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		151X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 _____, 19⁴⁸, to **11/13**, 19⁵⁰, that I last saw the deceased alive on **11/13/50**, 1950, and that death occurred at **8:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank B. Materson, M.D.	23b. ADDRESS Grant City, Mo.	23c. DATE SIGNED 11/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11 15 1950	24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery	24d. LOCATION (City, town, or county) (State) Allendale, Mo.
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DATE REC'D BY LOCAL REG. 11-16-1950	REGISTRAR'S SIGNATURE Reta E. Duverson	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Duffell	ADDRESS Grant City, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 Jack C. Duffell

Licensed Embalmer No. 3252

P. O. Address Leont City, Md

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.