

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3658**

FILED MAR 14 1951

0013

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boon</u> <u>0990</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>GEORGE LEE DOWNING</u>			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 7 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 24 1873</u>		9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>1 13</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>Logan Co Ill</u>			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY? <u>US</u>		

13a. FATHER'S NAME <u>Samuel Downing</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Downing</u>		14. NAME OF HUSBAND OR WIFE <u>Loe Emma Downing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Ym. no. or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>G L Downing</u> ADDRESS <u>122 1/2 Orchard Bank City</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic carcinoma of bladder with extension into ureters, pubes, and sigmoid.</u> DUE TO (c) <u>unknown</u>				<u>181X</u>	

19a. DATE OF OPERATION <u>3-6-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Suprapubic cystostomy</u>				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 2-28-51, 1951, to 3-7-51, 1951, that I last saw the deceased alive on 3-7-51, 1951, and that death occurred at 9:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Laughlin Jr.</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>3-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 10 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pulaski Cemeter</u>	
24d. LOCATION (City, town, or county) (State) <u>Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertrude Brakett</u> ADDRESS <u>Memphis Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-8-51</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>			

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

No. 300
10.48

Date Received: MAR 10 1951
DISTRICT HEALTH OFFICE #5
District File Number 3-57-
Date Filed: MAR 10 1951

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.

Signed Albert C Gerth

Signed _____
Student Embalmer

Licensed Embalmer No. 4257

P. O. Address Memphis TN

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.