

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15553

FILED MAY 31 1951

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RICH HILL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RICH HILL 007D	
/d. FULL NAME OF HOSPITAL OR INSTITUTION 104 MYRTLE ST.		d. STREET ADDRESS (If rural, give location) 104 MYRTLE ST.	

3. NAME OF DECEASED (Type or Print) LAURA - DOWNIN			4. DATE OF DEATH (Month) (Day) (Year) MAY-21-1951		
a. (First)		b. (Middle)	c. (Last)		

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY-29-1868	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months Days	11. UNDER 10 HRS. Hour Min.
----------------------	-------------------------------	---	-------------------------------------	---	------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) GREENCASTLE, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME DANIEL DEVOLOD	13b. MOTHER'S MAIDEN NAME ELIZA DANIELS	14. NAME OF HUSBAND OR WIFE JOBE DOWNIN
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Alma Downin Rich Hill, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure & uremia		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 444X	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 **May 15, 1951**, to **May 21, 1951**, that I last saw the deceased alive on **May 21, 1951**, and that death occurred at **4:15 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alma Downin M.D.	23b. ADDRESS Rich Hill, Mo.	23c. DATE SIGNED May 24 1951
--	------------------------------------	-------------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE MAY-24-1951	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.	24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. May 26 1951	REGISTRAR'S SIGNATURE Mrs. Edna Langford	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Serv. Rich Hill, Mo.	ADDRESS
---	---	--	---------

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

0070
1

RECEIVED 5-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date filed 5-29-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Grace T. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, Miss

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.