

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29307  
State File No. 43  
Registrar's No. 43

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4535

1. PLACE OF DEATH a. COUNTY <b>Washington County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mineral Point</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mineral Point</b>	
c. LENGTH OF STAY (in this place) <b>22 years</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Oran</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Downard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 19 1951</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>9-24-1888</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>25</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Shirley, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Downard</b>	13b. MOTHER'S MAIDEN NAME <b>Renee Flowers</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Downard</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-03-2538</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alice Downard</b>	ADDRESS <b>Mineral Point, Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF PROSTATE GLAND</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. 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 <b>177x</b>	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)	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 **July 5, 1951**, to **August 19, 1951**, that I last saw the deceased alive on **August 18, 1951**, and that death occurred at **10:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward L. Lohr</b>	(Degree or title) <b>Dr.</b>	23b. ADDRESS <b>Potosi, Mo.</b>	23c. DATE SIGNED <b>Aug. 21, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-22-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bismarck, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8/22/51</b>	REGISTRAR'S SIGNATURE <b>Robert Wedel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith &amp; Higginbotham F.B.</b>	ADDRESS <b>Potosi, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 28 1961

WASH. COUNTY HEALTH DEPT.  
P.O. BOX 1000  
WASHTON, WASH.

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.