

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33529**
4246

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4246</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3724 Kansas City Blvd.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3724 Benton Blvd. 3510</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>W.</u> c. (Last) <u>Downie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4, 1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 12, 1897</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>54</u>	IF UNDER 48 HRS. Days <u>54</u>	Hours <u>54</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Health Dept.</u>		11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis D. Downie</u>		13b. MOTHER'S MAIDEN NAME <u>Gussie Saylor</u>		14. NAME OF HUSBAND OR WIFE <u>XXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W. W. #1 495-10-1673</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth M. Downie, 3724 Benton Blvd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal Obstruction</u> DUE TO (c) <u>Carcinoma of Sigmoid Colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>45 min.</u> <u>2 weeks</u> <u>Questionable</u> <u>1534</u>	
19a. DATE OF OPERATION <u>10-4-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Colon resulting Intest Obstr.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>Sept 27, 1951</u> , to <u>Oct 4, 1951</u> , that I last saw the deceased alive on <u>Oct 4, 1951</u> , and that death occurred at <u>9:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl R. Knox MD</u>				23b. ADDRESS <u>224 Rialto Bldg</u>		23c. DATE SIGNED <u>10-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL <u>removal</u>		24b. DATE <u>10-6-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parsons</u>		24d. LOCATION (City, town, or county) (State) <u>Parsons, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>10-5-51</u>		REGISTRAR'S SIGNATURE <u>Suzaldine Halman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. N.C. Mo.</u>			

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

Ray Rielly
Bellevue
University of Illinois
- 1st floor

OCT 22 1950

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 Gerald A. Burger

Licensed Embalmer No. 4763

P.O. Address Kansas City, 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.