

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Corr. by wife of 2-7-52
4942
State File No.

FILED FEB 16 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 533

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson 0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson 3478</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>3436 Jefferson</u> | |

| | | | | | |
|--|---------------------------------|------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>Charles</u> | b. (Middle) <u>& Robert</u> | c. (Last) <u>DOWNS</u> | Feb. 1, 1952 | | |

| | | | | | | | | |
|-------------------|---------------------------|---|-----------------------------------|---|------------------------|----------------------|------------------------|------|
| 5. SEX <u>M 0</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>11-8-1898</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | IF UNDER 15 MIN. Hours | Min. |
|-------------------|---------------------------|---|-----------------------------------|---|------------------------|----------------------|------------------------|------|

| | | | |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traffic Repr. Missouri Pacific RR</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
|--|-----------------------------------|---|---|

| | | |
|---------------------------------------|--|--|
| 13a. FATHER'S NAME <u>James Downs</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Cooney</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Ella Downs</u> |
|---------------------------------------|--|--|

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|---|---|--|-------------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W. W. 1 702-14-1122</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ella Downs</u> | ADDRESS <u>3436 Jefferson</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the liver</u> | | probably a week |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute diffuse hepatic necrosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>5810</u> |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) 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 Jan. 16, 1952, to Feb. 1, 1952, that I last saw the deceased alive on Jan. 31, 1952, and that death occurred at 3:19 Am., from the causes and on the date stated above.

| | | |
|--|--|--------------------------------|
| 23a. SIGNATURE <u>J. W. Castles MD</u> | 23b. ADDRESS <u>1002 Argyle Building Kansas City, Missouri</u> | 23c. DATE SIGNED <u>2/4/52</u> |
|--|--|--------------------------------|

| | | | |
|--|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>2/1/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>--</u> | 24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u> |
|--|-------------------------|--|---|

| | | | |
|--|---|--|--------------------------------------|
| DATE REC'D BY LOCAL REG. <u>2-4-52</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>S'TINE & McCLURE</u> | ADDRESS <u>Kansas City, Missouri</u> |
|--|---|--|--------------------------------------|

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

Ar. J. E. Lealles
Argyria Body. - Ha, 5037

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.....
Student Embalmer

Signed *S. J. Allen*.....

Licensed Embalmer No. *1415*.....

P. O. Address *B. E. D. M. O.*.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

4942

State of Missouri }
County of Jackson } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 533

On this 7th day of February, 1952, before me appears _____

Mary Ella Downs, who, upon her oath, states that the original record of ~~her~~ death

for Robert C. Downs, ^{died} ~~born~~ February 1, 1952, in the State of Missouri, and which was filed at Kansas City, Mo. on 2/4, 1952, should be corrected as follows:

Item No. 3 should read Charles Robert Downs

Instead of _____ Robert C. Downs

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Mary Ella Downs Wife Relationship.

3436 Jefferson K.C. Mo. Present Address.

Subscribed and sworn to before me this 7th day of February, 1952

My Commission expires Oct. 21, 1955 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952
S-4942