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No. 300
10-48

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

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8157

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4213 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONTEOSE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>107 W. HENRY ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STANDARD OIL BULK STATION</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>W.</u> b. (Middle) <u>CAP</u> c. (Last) <u>DOWNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10, 1952</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>FEB. 1, 1900</u>
9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>1</u> DAYS <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>BENTON CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>KOSCURSCO DOWNING</u>		13b. MOTHER'S MAIDEN NAME <u>ALABINO SKAGGS</u>	
14. NAME OF HUSBAND OR WIFE <u>LUCY HARVEY DOWNING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>491-30-485</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Harvey Downing, Clinton, Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYOCARDITIS</u> <u>4 YRS.</u> 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	
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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:20 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD. Coroner</u>		23b. ADDRESS <u>Clinton, Mo.</u>	
23c. DATE SIGNED <u>11-2 Mar. 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 12, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>RIVERSIDE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WARSAW, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Mar-12-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. T. Tansant</u>		ADDRESS <u>Clinton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1988

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, ~~co by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.