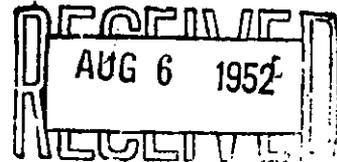


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

AUG 9 - 1952

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

BIRTH NO. _____		REG. DIST. NO. 165		PRIMARY REG. DIST. NO. 4257		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Leeton		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Leeton		0510	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Leeton, Missouri				d. STREET ADDRESS (If rural, give location) Leeton, Missouri			
3. NAME OF DECEASED (Type or Print)		a. (First) Ardella		b. (Middle) May		c. (Last) Downing	
4. DATE OF DEATH July 28, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 5, 1870		9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Missouri 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James Bailey	
13a. FATHER'S NAME James Bailey		13b. MOTHER'S MAIDEN NAME Cynthia Holcomb		14. NAME OF HUSBAND OR WIFE John D. Downing		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Downing Leeton, Missouri					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Pyelonephritis 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.				INTERVAL BETWEEN ONSET AND DEATH 2-3 wks years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		6000		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) (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 Oct. 31, 1950 , to July 28, 1952 , that I last saw the deceased alive on July 28, 1952 , and that death occurred at 7:00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Claude M. Thurber MD 0				23b. ADDRESS Windsor, Missouri		23c. DATE SIGNED 7-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A		24b. DATE 7-30-52		24c. NAME OF CEMETERY OR CREMATORY Providence Cemetery		24d. LOCATION (City, town, or county) (State) Johnson Co. Missouri	
DATE REC'D BY LOCAL REG. Aug 2, 1952		REGISTRAR'S SIGNATURE Mamie A. Hooker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Warrensburg, Mo.			



JOHNSON COUNTY HEALTH DEP

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 W.A. Bauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.