

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38107
State File No.

FILED NOV 26 1952

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5320 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) Palestine Twp</u>	c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) Palestine Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles south of Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles south Pilot Grove</u>	
3. NAME OF DECEASED (Type or Print) <u>MABEL ETTA DOWNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 30, 1901</u>
9. AGE (In years last birthday) <u>50</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pete Schlottbauer</u>	13b. MOTHER'S MAIDEN NAME <u>Maudie Haley</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis Downing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Downing, Pilot Grove, Mo.</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>Cardiac De compensation</u> ANTECEDENT CAUSES DUE TO (b) <u>Rheumatic Heart Disease</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 <u>416x</u>	
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 <u>Oct</u> , 19 <u>52</u> , to <u>Nov</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 18</u> , 19 <u>52</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Em Neely DO</u>		23b. ADDRESS <u>Pilot Grove Mo</u>	23c. DATE SIGNED <u>11-19-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov 21-52</u>	REGISTRAR'S SIGNATURE <u>Hellie Mullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hate - Painter</u>	ADDRESS <u>Pilot Grove, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

Mueck

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 *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove, 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.