

EV. 10.48 FIDED JAN 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

639

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4113</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY OR TOWN <u>Brunswick, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Brunswick Mo. 0210</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dr. Foulard's office - Brunswick, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>104 N. Washington</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYLE</u>			b. (Middle) <u>BRUCE</u>			c. (Last) <u>DOWNING</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1953</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 5, 1951</u>	
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. IF UNDER 14 HRS. Hours Min.	
<u>6</u>		<u>0</u>		<u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Paul E. Downing</u>			13b. MOTHER'S MAIDEN NAME <u>Blanche Fletcher</u>			14. NAME OF HUSBAND OR WIFE	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul E. Downing</u>		ADDRESS <u>Br.</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>Laryngeal obstruction, &amp; pneumonia terminal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Membranous laryngitis</u> 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 <u>7 hours</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</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) <u>474X</u>			
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>Jan. 5, 1953</u> , to <u>Jan 5, 1953</u> , that I last saw the deceased alive on <u>Jan. 5, 1953</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Fowler D.D.</u>				23b. ADDRESS <u>Brunswick, Mo</u>		23c. DATE SIGNED <u>1-5-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>None</u>		24b. DATE <u>Jan. 5 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City, Mo</u>	
DATE RECD BY LOCAL REG. <u>1-5-1953</u>		REGISTRAR'S SIGNATURE <u>Mildred Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Major Funeral Home Brunswick, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

210  
3

Mount Airy, N.C.

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 \_\_\_\_\_

*myself* ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Walter E. Moyer* .....

Licensed Embalmer No. *4491* .....

P. O. Address *Brunswick, 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.