

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25691

State File No. ....

FILED JUL 18 1953  
BIRTH NO. .... REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>MILLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ELDON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ELDON</b>	
c. LENGTH OF STAY (in this place) <b>30yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Tuscumbia-Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tuscumbia-Road</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nancy-</b> b. (Middle) <b>ANN</b> c. (Last) <b>Downing</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 9 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>11 Feb 1887</b>		9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <b>HOUSE-Wife</b>	
11. BIRTHPLACE (State or foreign country) <b>Camden-Co-Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <b>HOUSE-Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At-Home</b>		11. BIRTHPLACE (State or foreign country) <b>Camden-Co-Mo</b>	

13a. FATHER'S NAME <b>Wm David Schriener</b>		13b. MOTHER'S MAIDEN NAME <b>MARTH-JANE-LUCAS</b>		14. NAME OF HUSBAND OR WIFE <b>Samuel-Downing</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Noble-Upton- ELDON Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Hypertensive heart disease</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NONE</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>NONE</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>NONE</b>	

22. I hereby certify that I attended the deceased from **6-22-1953** to **7-9-1953**, that I last saw the deceased alive on **7-9-1953**, and that death occurred at **11:12 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl J. Buller, M.D.</b>		23b. ADDRESS <b>ELDON, MO</b>		23c. DATE SIGNED <b>11 July 53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12 July 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ELDON-</b>	
24d. LOCATION (City, town, or county) (State) <b>ELDON - MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ELDON MO</b>			

DATE REC'D BY LOCAL REG. <b>July 11, 53</b>		REGISTRAR'S SIGNATURE <b>Al Derotta</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ELDON MO</b>	
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MAY 19 1950  
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MAY 19 1950

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lee M Keys*  
Licensed Embalmer No. 3998  
P. O. Address Eldon 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.