

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27464**

FILED JUL 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **349** PRIMARY REG. DIST. NO. **4514** Registrar's No. **12**

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

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>		
b. CITY (If outside corporate limits, with RURAL and give township) <b>Green City</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, with RURAL and give township) <b>Green City</b>		<b>1058</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home in Green City</b>			d. STREET ADDRESS (If rural, give location) <b>No street address</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lura</b>		b. (Middle) <b>Genora</b>		c. (Last) <b>Downen</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 8, 1953</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>February 26, 1874</b>		9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR <b>4</b> MONTHS <b>12</b> DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Linn County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John W. Drake</b>		13b. MOTHER'S MAIDEN NAME <b>Elinor Kelsey</b>	
14. NAME OF HUSBAND OR WIFE <b>J. L. J. Downen</b>		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 <b>Elmer Morris Green City Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <b>Coronary Thrombosis</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>—</b>	
MEDICAL CERTIFICATION					
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.)					
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 <b>March 10, 1950</b> , to <b>July 8, 1953</b> , that I last saw the deceased alive on <b>July 7, 1953</b> , and that death occurred at <b>7:10 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>R. W. Smith M.D.</b>			23b. ADDRESS <b>Green City Mo</b>		23c. DATE SIGNED <b>July 9 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 10-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green City Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Green City Mo</b>		DATE REC'D BY LOCAL REG. <b>July 22, 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Kent</b>	
REGISTRAR'S SIGNATURE <b>Annabelle D. Cooper</b>		415-9		ADDRESS <b>Green City Mo</b>	

name of deceased \_\_\_\_\_  
 date of death \_\_\_\_\_  
 place of death \_\_\_\_\_  
 name of funeral home \_\_\_\_\_  
 address of funeral home \_\_\_\_\_  
 city \_\_\_\_\_  
 state \_\_\_\_\_  
 zip \_\_\_\_\_  
 name of embalmer \_\_\_\_\_  
 address of embalmer \_\_\_\_\_  
 city \_\_\_\_\_  
 state \_\_\_\_\_  
 zip \_\_\_\_\_

**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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.