

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27470

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 452 P Registrar's No. 53

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

1. PLACE OF DEATH a. COUNTY TANEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY TANEY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOLLISTER		c. LENGTH OF STAY (In this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOLLISTER 1060		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION SCHOOL of OZARK				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) LIELA			b. (Middle) AMANDA		c. (Last) TOWNS		4. DATE OF DEATH (Month) (Day) (Year) 7-29-53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) W 2		8. DATE OF BIRTH 11-3-1859	9. AGE (In years last birthday) 93		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home MAKER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) LONG ISLAND, N.Y. USA		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME A.O. DOWNS			13b. MOTHER'S MAIDEN NAME RACHEL DOWNS		14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME CONSTANCE DOWNS HOLLISTER MO				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION:				INTERVAL BETWEEN ONSET AND DEATH 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				DUE TO (b) Senility				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 4222				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) m.		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 7/28 , 19 53 , to 7/29 , 19 53 , that I last saw the deceased alive on 6/27 , 19 53 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE H.T. Evans M.D. (Degree or title)				23b. ADDRESS Branson Mo		23c. DATE SIGNED 8/30/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-30-53		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Calvary, Branson, Colorado		
DATE REC'D BY LOCAL REG. 7-30-53		REGISTRAR'S SIGNATURE S.E. Conwell 376		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.O. Whelchel Branson Mo				

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 *Minnie S. Schelke* _____

Licensed Embalmer No. *2277* _____

P. O. Address *Princeton 202* _____

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.