S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39369

FILED DEC 14 1953

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 452

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Independence (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2329 South Crysler

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is residence within limits of city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2329 South Crysler

3. NAME OF DECEASED (Type or Print)
a. (First): Abbie
b. (Middle): Rose
c. (Last): Downey

4. DATE OF DEATH (Month) (Day) (Year): Dec 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 28, 1869
9. AGE (In years last birthday): 84 — If under 1 year: Months 7, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and State or Foreign Country): Binghamton, Wisc.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gilbert Watson
13b. MOTHER'S MAIDEN NAME: Cynthia Cole
14. NAME OF HUSBAND OR WIFE: Charles Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J. H. Rogeman — ADDRESS: Indep. Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of cervix uteri with metastasis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
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.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 171X
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 22, 1953, *to* Dec 1st, 1953, *that I last saw the deceased alive on* Nov 30th, 1953, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ruth V. Andrews (Degree or title): D.O.
23b. ADDRESS: Independence Mo.
23c. DATE SIGNED: 12/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 3-'53
24c. NAME OF CEMETERY OR CREMATORY: Mound Grove
24d. LOCATION (City, town, or county) (State): Independence Mo.

DATE REC'D BY LOCAL REG.: 12-3-53
REGISTRAR'S SIGNATURE: [illegible] 1354
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Roland R. Speaks - Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.