

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **237**

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **20**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Silvey Rest Home 214 Texas Ave.		d. STREET ADDRESS Sparta Road, RR #5	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) J.	
c. (Last) Downing		4. DATE OF DEATH (Month) (Day) (Year) January 4, 1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 10, 1863
9. AGE (In years last birthday) 90		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 28 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 own home	11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Anderson	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE E. A. Downing	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. I. Downing, R. #5, St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	
		INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES DUE TO (b) Cerebral Arteriosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	
		DUE TO (c) Generalized Arteriosclerosis unknown	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X	
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 Nov. 26, 1953 , to Jan. 4, 1954 , that I last saw the deceased alive on Jan. 2, 1954 , and that death occurred at 6:30 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Sharon E. Woggoner M.D.		23b. ADDRESS 301 Illinois Ave. St. Joe.	
23c. DATE SIGNED 1-5-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/6/1954	
24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb, Missouri	
DATE REC'D BY LOCAL REG. Jan 13, 1954		REGISTRAR'S SIGNATURE Loether M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE Heaton - Bowman - St. Joseph, Mo.		ADDRESS	

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 W.E. Edmuntson

Licensed Embalmer No. 4791

P. O. Address 319 So. 10 St. Joseph, 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.