

FILED JAN 14 1954

THE UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

3789

State File No. ....

BIRTH NO. .... REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6246 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CONCORD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CONCORD</u> <u>1100</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>20 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>IRONDALE E.F.D. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IRONDALE E.F.D. #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BYRD</u>	b. (Middle) <u>W.</u>	c. (Last) <u>DOWNEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 18, 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DAVID DOWNEY</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MARY DOWNEY</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY DOWNEY</u>	ADDRESS <u>IRONDALE, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTERNAL HEMORRHAGE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CAUSE NOT KNOWN</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSIVE CARDIO-VASCULAR RENAL DISEASE</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4672</u>
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1954, to Jan 2, 1954 that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Hunt, M.D.</u>	23b. ADDRESS <u>Leadwood Mo</u>	23c. DATE SIGNED <u>1/4/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/6/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BIG RIVER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>IRONDALE, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1/5/54</u>	REGISTRAR'S SIGNATURE <u>Irene Eichenberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BERT L. BOYER</u>	ADDRESS <u>LEADWOOD, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1100

RECEIVED

JAN 12 1954

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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 William E. Bayer

Licensed Embalmer No. 4730

P. O. Address Leadwood, Missouri

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.