

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **8608**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1006**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>52 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3724 BENTON BLVD.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>3724 BENTON BLVD. 510</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>GUSSIE LILLIAN DOWNIE</b>		a. (First) <b>GUSSIE</b>	b. (Middle) <b>LILLIAN</b>
c. (Last) <b>DOWNIE</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAR-5-1954</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>JAN-29-1872</b>
<b>9. AGE</b> (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>PARSONS, KANSAS</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>		<b>13a. FATHER'S NAME</b> <b>CALVIN SAYLOR</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>DELILAH EDWARDS</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>FRANCIS DANIEL DOWNIE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>KENNETH M. DOWNIE</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b> ANTECEDENT CAUSES <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Diabetes Mellitus</b> 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.		INTERVAL BETWEEN ONSET AND DEATH <b>260X</b>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>	(COUNTY) (STATE)
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from Jan 1950, to August, 1957, that I last saw the deceased alive on 3/5, 1957, and that death occurred at 5 A. m., from the causes and of the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>A. L. Entry</b> (Degree or title)		<b>23b. ADDRESS</b> <b>4949 Europe Parkway</b>	<b>23c. DATE SIGNED</b> <b>2/5/54</b>
<b>24a. CRIMINAL CREMATION (REMOVAL) (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>MAR-6-1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>OAKWOOD CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>PARSONS KANSAS</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>3-6-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Sheldine Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>D. H. Newcomer</b>
ADDRESS <b>1331 BRUSH CREEK</b>		ADDRESS <b>KANSAS CITY MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *Basil Honey*.....

Licensed Embalmer No. *4721*.....

P. O. Address *Ashland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.