

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

**14754**

State File No. ....

FILED JUN 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital &amp; Clinic</u>			

3. NAME OF DECEASED (Type or Print) <u>George</u>	a. (First) <u>George</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Downey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 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>March 16, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>I</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Tom Downey</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hadley</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Downey; Atlanta, Mo.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emma Downey</u> ADDRESS <u>Atlanta, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		
	DUE TO (c) <u>Congestive (Heart) failure</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Congestive (Heart) failure</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 April 13, 1954, to April 15, 1954, that I last saw the deceased alive on April 15, 1954, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

23. SIGNATURE <u>Walter Lambert, D.O.</u> (Degree or title)	23b. ADDRESS <u>Kirksville, Missouri</u>	23c. DATE SIGNED <u>4-15-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 17 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>	24d. LOCATION (City, town, or county) (State) <u>Near Atlanta, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-17-54</u>	REGISTRAR'S SIGNATURE <u>Walter Lambert 1-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. ...</u> ADDRESS <u>Atlanta, Mo.</u>
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No. 300  
10-48  
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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*H. M. Goodding*

Signed.....

Student Embalmer

Licensed Embalmer No. *1758*

P. O. Address *Atlanta, 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.