

FILED JUN 7 1954

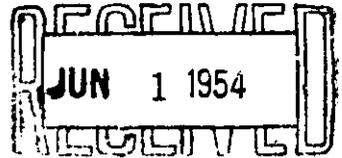
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16450

State File No.

BIRTH NO.		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3037</u> Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>1 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>507 So Second</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robbins Nurse Home</u>			3. NAME OF DECEASED a. (First) <u>Betty</u> b. (Middle) <u>E</u> c. (Last) <u>Downs</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1954</u>	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 10, 1885</u>	9. AGE (In years last birthday) <u>69</u> If under 1 year: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Quilville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Edward H. Handy</u>		13b. MOTHER'S MAIDEN NAME <u>Jimmie Ann Parkey</u>		14. NAME OF HUSBAND OR WIFE <u>J.D. Downs Odessa Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>J.D. Downs</u> ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sen. Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Yrs</u>
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia</u>		<u>1 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		4500
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?		
22. I hereby certify that I attended the deceased from <u>10-6, 1953</u> , to <u>5-30, 1954</u> , that I last saw the deceased alive on <u>4-30, 1954</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J.D. Ledem MD</u>			23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>5/30/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lamonte Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Lamonte Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 30, 1954</u>	REGISTRAR'S SIGNATURE <u>Savannah C. White</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bliss ex Tays</u> ADDRESS <u>Odessa Mo</u>		

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



JOHNSON COUNTY HEALTH DEPT.

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 *Horace Blinn*

Signed.....
Student Embalmer

Licensed Embalmer No. *2758*

P. O. Address *Bliss 2nd*

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.