

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23533**

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Lafayette</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) <u>Rural Freedom</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Freedom</u> <u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 3 Higginsville</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 3 Higginsville</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Manoah</u>	c. (Last) <u>Downing</u>	4. DATE OF DEATH	(Month) <u>July</u>	(Day) <u>20</u>	(Year) <u>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	9. AGE (In years)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
			<u>July 24 1874</u>	<u>79</u>	<u>11</u>	<u>26</u>		

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>Gen Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>W. W. Downing</u>	13b. MOTHER'S MAIDEN NAME <u>Ameroga Dyer</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Downing</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Downing, Higginsville Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		<u>20 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis Rt. Popliteal artery</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>Right hemiparesis</u>		<u>Several years</u> <u>8 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</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>Higginsville Lafayette Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10:15 AM</u> <u>1954</u>	21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Oct. 10, 1953, to July 20, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 10:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Helber E. Fulberter M.D.</u>	(Degree or title)	23b. ADDRESS <u>Higginsville Missouri</u>	23c. DATE SIGNED <u>7-21-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 22 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rfd 3 Higginsville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 27-1954</u>	REGISTRAR'S SIGNATURE <u>Clayton D Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>	ADDRESS <u>Warrensburg Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 5 1938

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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 63

Signed

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Washington

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.