

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30286**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 881

1. PLACE OF DEATH  
a. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give township) **Springfield**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **Springfield**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Burge Hospital**  
4. STREET ADDRESS (If rural, give location) **626 S. Jefferson**

3. NAME OF DECEASED  
a. (First) **William** b. (Middle) **Arthur** c. (Last) **Downing**  
4. DATE OF DEATH (Month) (Day) (Year) **Sept. 19, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **March 15, 1883** 9. AGE (In years last birthday) **71** 10. UNDER 1 YEAR Months \_\_\_\_\_ 11. UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Groceryman** 10b. KIND OF BUSINESS OR INDUSTRY **Grocer** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **UNKNOWN** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **Isbel Downing**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **UNKNOWN** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Isbel Downing** ADDRESS **Springfield, Missouri**

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, ashenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Thrombosis**  
ANTECEDENT CAUSES **Arteriosclerosis**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Diabetes mellitus**  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH **3 days**  
**unknown**  
**unknown**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) **Springfield, MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **9-18, 1954**, to **9-19, 1954**, that I last saw the deceased alive on **9-19, 1954**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Donald B. Fourn MD** (Degree or title) 23b. ADDRESS **Springfield, Mo** 23c. DATE SIGNED **9-21-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **9-24-54** 24c. NAME OF CEMETERY OR CREMATORY **HAZELWOOD CEMETERY** 24d. LOCATION (City, town, or county) (State) **SPRINGFIELD MO.**

DATE REC'D BY LOCAL REG. **9-21-54** REGISTRAR'S SIGNATURE **Walter Williamson** 25. FUNERAL DIRECTOR'S SIGNATURE **W. Kingner & Co.** ADDRESS **Springfield, Mo.**

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..... *J. B. L. Linger*

Licensed Embalmer No. 33

P. O. Address .....

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.