No. 300
10.48

FILED MAY 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14254

State File No. 5-960

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. ~~[illegible]~~ Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: PLATTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW MARKET
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: PLATTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW MARKET
d. STREET ADDRESS (If rural, give location): 0830 0

3. NAME OF DECEASED (Type or Print)
a. (First): JESSE
b. (Middle): POLLARD
c. (Last): DOWNING

4. DATE OF DEATH (Month) (Day) (Year): 4-25-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 2, 1885
9. AGE (In years last birthday): 70
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): PLATTE CO. MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: F. S. DOWNING
13b. MOTHER'S MAIDEN NAME: ARMILDA COX
14. NAME OF HUSBAND OR WIFE: MARY VIRGINIA MAGET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: MRS. I. H. CHESTNUT
ADDRESS: DEARBORN, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid 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
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* APPROX. 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner
23b. ADDRESS: Platte City, Mo.
23c. DATE SIGNED: 4-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-27-56
24c. NAME OF CEMETERY OR CREMATORY: DEARBORN
24d. LOCATION (City, town, or county) (State): DEARBORN CEM.

DATE REC'D BY LOCAL REG.: 4-27-1956
REGISTRAR'S SIGNATURE: Ophelia Ballinger
25. FUNERAL DIRECTOR'S SIGNATURE: VAUGHN-AUFRANC
ADDRESS: WESTON, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

257

MAY 1956
RECEIVED
PLATTE COUNTY
HEALTH DEPT
BY

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

Signed W. R. Vaughn
Licensed Embalmer No. 4023
P. O. Address Weston, 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.