

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40432

State File No.

FILED DEC 24 1956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Morrow Twp.	
c. LENGTH OF STAY (in this place) 2 weeks			
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home #1		d. STREET ADDRESS (If rural, give location) 3 mi NE Green Castle	

3. NAME OF DECEASED (Type or Print) a. (First) Joel b. (Middle) Martin c. (Last) Downen			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 22, 1882		9. AGE (In years last birthday) 74		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 Gen. Farming	
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Robert Downen		13b. MOTHER'S MAIDEN NAME Caroline Bellas		14. NAME OF HUSBAND OR WIFE Lora Davis Downen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Downen, Green Castle, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Overwhelming Toxemia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thremia		4 days	
		DUE TO (c) Nephrosclerosis		unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		unknown	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Nov. 24, 1956** to **Dec. 8, 1956**, that I last saw the deceased alive on **Dec. 8, 1956** and that death occurred at **4:17^{PM}** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Scheurer, D.O.		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED Dec. 12, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	
				24d. LOCATION (City, town, or county) (State) Green Castle, Mo.	
DATE REC'D BY LOCAL REG. 12-15-1956		REGISTRAR'S SIGNATURE Doris W. Rathff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Fenton, Green City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 _____

Karl R. Kent

Licensed Embalmer No. _____

4689

P. O. Address _____

Green City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.