

FILED JAN 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH41442  
STATE FILE NUMBER 5625

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>534 Skiles</u>			Length of stay in <u>60 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>534 Skiles</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>MAYME RUTH DOWNING</u>			First	Middle	Last	4. DATE OF DEATH <u>Dec. - 25 - 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July-24-1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pastor Cook</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Myron Green Restaurant</u>	10c. BIRTH PLACE (City and state or country) <u>Halt, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>James Dunlap</u>	14. MOTHER'S MAIDEN NAME <u>Unknown</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-07-7965</u>	
17. INFORMANT <u>Mrs. Phyllis Redman</u>	Address <u>534 Skiles K.C. Mo.</u>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>General arterio-sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>years</u> <u>years</u>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	21. I attended the deceased from <u>Jan 8, 1955</u> to <u>Dec 24, 1956</u> and last saw her alive on <u>Dec 24, '56</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) <u>Robert R. Tonkens D.O.</u>	22b. ADDRESS <u>8218 Winona K.C., Mo</u>	22c. DATE SIGNED <u>12/26/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 28-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moural Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>	24. FUNERAL DIRECTOR <u>W. Blackman</u>	ADDRESS <u>K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-27-56</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature for diseases in Part I, must be casually related.

MEDICAL CERTIFICATION  
Robert R. Tonkens

(Licensed Embalmer's Statement on Reverse Side)

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..... *W.C. Quinn*

Licensed Embalmer No. *44*

P. O. Address..... *N.C. 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.