

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

293

STATE FILE NUMBER

104

FILED FEB 11 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR St. Joseph Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN DeKalb -Bloomington Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR No. Meth. Hospital 5 days INSTITUTION		d. STREET ADDRESS B.F.D. (If outside, give location) Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EZEKIEL ANDREW DOWNING		4. DATE OF DEATH Month Day Year January 21, 1957	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1889
9. AGE (In years (to birthday)) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (City and state or country) Platte County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Downing		14. MOTHER'S MAIDEN NAME Eliza Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT Verna Downing, DeKalb, Missouri		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular fibrillation</i> DUE TO (b) <i>Myocardial infarction</i> DUE TO (c) <i>Arteriosclerotic heart disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Diabetes Mellitus; Gangrene rt. leg due to embolus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i> <i>2 days</i> <i>years</i>
20a. ACCIDENT: <input type="checkbox"/>	20b. SUICIDE: <input type="checkbox"/>	20c. HOMICIDE: <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.) 4200
20e. TIME OF INJURY: Hour Month, Day, Year a. m. p. m.		20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.):	
20g. CITY, TOWN, OR LOCATION COUNTY STATE		20h. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-19-57 to 1-21-57 and last saw him alive on 1-20-57. Death occurred at 7:35 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE: <i>Caryl A. Potter, M.D.</i> St. Joseph, Mo. 22b. ADDRESS: St. Joseph, Mo. 22c. DATE SIGNED: 1/25/57	
23a. BURIAL, CREMATION, OR DISPOSITION: <i>Burial</i>		23b. DATE: 1-23-1957	
23c. NAME OF CEMETERY OR CREMATORY: West Lawn Cemetery		23d. LOCATION (City, town, or county) (State): DeKalb, Missouri	
24. FUNERAL DIRECTOR: <i>John A. ...</i> ADDRESS: St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG.: Feb 4, 1957	
26. REGISTRAR'S SIGNATURE: <i>Ether M. Allison</i>			

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Part I must be casually related. Diseases in Part I must be casually related.

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, ~~only~~ Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John E. [Signature]*
Licensed Embalmer No. 39
P. O. Address *St. Joe*

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.