

Health, Welfare, Public Service

300
7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI 2435

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Atlanta, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim Smith Hosp. & Cl.			Length of stay in lb 22 Days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ernest Middle Olen Last Downey, Sr				4. DATE OF DEATH Month 3 Day 28 Year 57					
5. SEX Male	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 1-1-98		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operate Feed Store			10b. KIND OF BUSINESS OR INDUSTRY Feed Store		11. BIRTHPLACE (City and state or country) Atlanta, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Thomas Downey				14. MOTHER'S MAIDEN NAME Mary Hadley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 486-12-8050		17. INFORMANT Hospital Records			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) <u>Inclusion of liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>chronic alcoholism</u> DUE TO (c) _____ 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>9 mos</u> <u>3 yrs +</u>	
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 _____ 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>3-6-57</u> to <u>3-28-57</u> and last saw ^{her} him alive on <u>3-28-57</u> Death occurred at <u>7:30</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Orleton T. English M.D.</u>				22b. ADDRESS <u>Kirksville, Mo</u>			22c. DATE SIGNED <u>4.1.57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-31-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. TABOR</u>		23d. LOCATION (City, town, or county) <u>MACON</u>		23e. (State) <u>MO</u>		
24. FUNERAL DIRECTOR <u>Theo H. Goodding - ATLANTA, MO</u>				25. DATE RECD. BY LOCAL REG. <u>4-6-1957</u>		26. REGISTRAR'S SIGNATURE <u>David W. Ratliff</u>			

(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~~ *Theo. H. Goodding*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Theo. H. Goodding*.....

Licensed Embalmer No..... 39

P. O. Address *Atlanta, Ga.*

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.