

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

17037

STATE FILE NUMBER  
**2315**

FILED JUN 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2315

S. 300  
v. 1-57

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 TOWNSHIP <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>General Hosp. #1</u>			Length of stay in lb <u>10 yrs.</u>		d. STREET ADDRESS <u>2628 Lawn</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>Downum</u> Last <u>Downum</u>				4. DATE OF DEATH Month <u>5</u> Day <u>18</u> Year <u>57</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11/1/57 1918</u>		9. AGE (In years at birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Body Man</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HESSE Carriage Co</u>		11. BIRTHPLACE (City and state or country) <u>Harrison ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Downum</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Pratt</u>		14. NAME OF HUSBAND OR WIFE <u>Doris L. Downum</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW II KOREA</u>			16. SOCIAL SECURITY NO. <u>431-18-3349</u>		17. INFORMANT Address <u>CARTHAL Downum 3204 1/2 Peery</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>Stroke &amp; Hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH <u>28 1/2</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>resulting from skull fracture</u>					DUE TO (c) <u>skull fracture</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>Truck car collision</u>					
20c. TIME OF INJURY Hour <u>  </u> Month <u>5</u> Day <u>18</u> Year <u>57</u> a.m. <u>  </u> p.m. <u>  </u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>			20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson Mo</u>					
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Dw C. Kealhofer</u> (Degree or title) <u>3</u>					22b. ADDRESS <u>6627 Pearl St. S.W. Okla</u>		22c. DATE SIGNED <u>3-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5/20/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>-</u>			23d. LOCATION (City, town, or county) (State) <u>Harrison ARK</u>		
24. FUNERAL DIRECTOR <u>Sheil Funeral Home</u> ADDRESS <u>K.C. Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>5-20-57</u>		26. REGISTRAR'S SIGNATURE <u>neva Marshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Geo. C. Kealhofer

THE STATE OF MISSISSIPPI

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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 *Richard E. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *H. C. S. Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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