

1937

THE DIVISION OF HEALTH OF MISSOURI

FILED JAN 23 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 8040 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>711 Webster St.</u>		d. STREET ADDRESS (If outside, give location) <u>911 Cherry St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JULIA MAE DOWNING</u>		4. DATE OF DEATH Month Day Year <u>January 17 1958</u>	
5. SEX <u>Female</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>Jan 14 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		11. BIRTHPLACE (City and state or country) <u>Rushville, Missouri</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Molly Murrin</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Charles Downing Chillicothe, Missouri</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Downing</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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>Hypertensive Heart disease</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) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>45 mins.</u> <u>4 yrs.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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>Nov 19, 1957</u> to <u>Jan 17, 1958</u> and last saw her alive on <u>Jan 17, 1958</u> Death occurred at <u>Ten Thirty</u> a <u>6</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas L. Milazzo D.O.</u>		22b. ADDRESS <u>Chillicothe Mo.</u>	
22c. DATE SIGNED <u>1/17/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-19-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rushville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Norman Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>1/17/58</u>	
ADDRESS <u>Chillicothe Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Frances B. Neel</u>	

(Licensed Embalmer's Statement on Reverse Side)

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no related. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 20 1959

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 Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Wilmington, N.C.

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.