

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014028
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 142 Primary Registration District No. 58-56 Registrar's No. 19

300
-57

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1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HOWELL</u> <u>0460</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Hildesberg T.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>MOUNTAIN-VIEW</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp. 4 Days</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>R-1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ORLAN LE ROY-DOWNEY</u>			4. DATE OF DEATH Month Day Year <u>4-16-1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>1-20-1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) <u>Sales Blister</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MAISON-ILL' U-S-A</u>
13a. FATHER'S NAME <u>Allegan Downey</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Ross</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Downey</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, for unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>344-05-0755</u>	
17. INFORMANT <u>Jessie Downey</u> Address <u>Millview MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</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>Occlusion Coronary with Infarction Myocardial - acute</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4201</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 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>4-10-58</u> to <u>4-16-58</u> and last saw her ^{him} alive on <u>4-16-58</u> Death occurred at <u>10</u> <u>a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M.D. Perkins M.D.</u>		22b. ADDRESS <u>Wellow Springs MO</u>	22c. DATE SIGNED <u>4/29/58</u>
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>N.</u>	23b. DATE <u>4/17/58</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <u>Jaillet Ill.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Saunty, F.H. - Jaillet Ill</u>		25. DATE RECD. BY LOCAL REG. <u>4-30-58</u>	26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally 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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Richard A. Norton*

Licensed Embalmer No. *5229*
P. O. Address *Missouri Mo.*

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.