

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025451
State File No.

3024
Registrar's No.

FILED JUL 17 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	
c. LENGTH OF STAY (In this place) <u>5 Days</u>		X TOWN <u>Trenton</u> <u>640 2/3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1323 Cedar St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hallie Jane</u>		c. (Last) <u>Downey</u>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 22, 1979</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horsewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A</u>	
13a. FATHER'S NAME <u>William Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Edgar J. Downey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar J. Downey</u> ADDRESS <u>Dallas, Texas</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest, at beginning of anesthetic - anticipated complication to anesthesia at induction</u> ANTECEDENT CAUSES <u>Cardiovascular disease & Hypertension</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Obstructing tumor of small bowel</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>230X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____		22. I hereby certify that I attended the deceased from <u>June 11th, 1958</u> , to <u>June 16th, 1958</u> , that I last saw the deceased alive on <u>June 16th, 1958</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Terry E. Lilly MD</u> (Degree or title)		23b. ADDRESS <u>915 Arroyo Bldg. HG Mo.</u>	
23c. DATE SIGNED <u>6/16/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>June 16, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trenton, Missouri</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary K.C. Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>6-17-58</u>		REGISTRAR'S SIGNATURE <u>Norm Marshall</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Terry E. Lilly



SEP 4 1958

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
Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4351

P. O. Address D.C. Pa.

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