

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028266  
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 956

5. 300  
v. 1-57  
0

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan														
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.			Length of stay in 1b Life		d. STREET ADDRESS (If outside, give location) 1609 So. 24th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First Middle Last FRANK P. DOWNEY				4. DATE OF DEATH Month Day Year September 6, 1958														
5. SEX Male <input checked="" type="checkbox"/>		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 Oct. 7, 1872		9. AGE (In years past birthday) 85		F UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (25) Banker				10b. KIND OF BUSINESS OR INDUSTRY Gen. Banking		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.			12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME Dennis Downey				13b. MOTHER'S MAIDEN NAME Hnora Gray				14. NAME OF HUSBAND OR WIFE Susan Fahey Downey										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. 493-18-7288		17. INFORMANT Address Jane Downey 1609 So. 24th St. Joseph, Mo.												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC HEART FAILURE DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE 4 YRS. DUE TO (c) AGE 4300F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ex. H.T. H.P.										INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YRS.								
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.) Pt. climbed over side rail of bed and fell in hospital hall.															
20c. TIME OF INJURY Hour Month, Day, Year a.m. 9/6/58			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) my hospital										20e. CITY, TOWN, OR LOCATION St. Joseph		COUNTY Buchanan		STATE Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21. I attended the deceased from Death occurred at 9/5/58 to 9/6/58 and last saw him alive on 9/6/58 8:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) John T. Rogers M.D.				22b. ADDRESS 307 Kirk Street Bldg. 2nd Fl.				22c. DATE SIGNED 9-8-58										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 9, 58.		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery				23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.										
24. FUNERAL DIRECTOR Herman W. Schenfelder				ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 8, 1958		26. REGISTRAR'S SIGNATURE Mrs. Clark D. Hall										

MEDICAL CERTIFICATION  
Dr. John T. Rogers USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

V<sub>3</sub> JUL 7 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 *Robert H. Gable* .....

Licensed Embalmer No. 3308 .....  
P. O. Address St. Joseph, 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.