THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043586

STATE FILE NUMBER 43

FILED JAN 13 1959

Registration District No. 74 Primary Registration District No. 5293 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Atchison — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in Ib: 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: 0250 0 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Gower, Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: Mahlon Samuel Downs

4. DATE OF DEATH Month Day Year: Oct. 17, 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 9, 1883

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Bldg. construction

11. BIRTHPLACE (City and state or country): Jennings Co. Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph Downs

13b. MOTHER'S MAIDEN NAME: Mary Jane Payne

14. NAME OF HUSBAND OR WIFE: Ruth Downs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 499-18-4134

17. INFORMANT Address: Mrs. Ruth Downs Gower, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 5-7 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Rectum — 8 Mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 154X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 24-58, to Oct 17-58 and last saw her/him alive on Oct 16-58
Death occurred at 3 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W B Spalding MD 0

22b. ADDRESS: Plattsburg Mo

22c. DATE SIGNED: Oct 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 10/19/1958

23c. NAME OF CEMETERY OR CREMATORY: Grayson Cemetery

23d. LOCATION (City, town, or county) (State): Trimble, Mo.

24. FUNERAL DIRECTOR ADDRESS: Rollins-Nash, Edgerton, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE: Pauline Chaney Deputy

(Licensed Embalmer's Statement on Reverse Side)

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.

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 H. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address K.C. 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.