

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JAN - 4 1960**

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STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 366

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY, MO.</b>		Length of stay in 1b	c. CITY OR TOWN <b>JEFFERSON CITY, MO.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1308 PEYTON DR.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1308 PEYTON DR</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last <b>SIDONIA</b> <b>DOWNES</b>			4. DATE OF DEATH Month Day Year <b>DEC. 23, 1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/21/03</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>56</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b> IF UNDER 24 HR Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and state or country) <b>Herman, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Emil C Schuch</b>		13b. MOTHER'S MAIDEN NAME <b>Cecelia Kock</b>	14. NAME OF HUSBAND OR WIFE <b>Joe G Downs</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Joe G. Downs J C Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Colonial Carcinomatosis about 1 yr.**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)  
 } DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

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 Month, Day, Year  
a.m. p.m.

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 **12/23/59 8:50 A.M.** to **12/22/59** and last saw her him alive on **12/22/59**  
 Death occurred at **12/23/59 8:50 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Ernest D. Sepachuk, M.D.** 22b. ADDRESS **Jefferson City, Mo.** 22c. DATE SIGNED **12/24/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12/26/59** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection** 23d. LOCATION (City, town, or county) (State) **Jefferson City, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Sylvester Dulle J C Mo.** 25. DATE RECD. BY LOCAL REG. **29 December 1959** 26. REGISTRAR'S SIGNATURE **R.P. Davis M.D. Richter, Reg.**

RECEIVED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

**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 Sylvester Quill

Licensed Embalmer No. 4321

P. O. Address Jefferson

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.