

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. JAN 25 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 8

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		Length of stay in lb <b>1 day</b>		c. CITY OR TOWN <b>Novinger</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>Stickler Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>No street address</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Raymon Downen</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>13,</b> Year <b>1960</b>			
5. SEX <b>Male</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>1/23/1903</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Mine</b>		11. BIRTHPLACE (City and state or country) <b>Novinger, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Manford Downen</b>			13b. MOTHER'S MAIDEN NAME <b>Nora McFarland</b>		14. NAME OF HUSBAND OR WIFE <b>Maurine Downen</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Don't know</b>			16. SOCIAL SECURITY NO. <b>480-12-8403</b>		17. INFORMANT Address <b>Mrs. Maurine Downen, Novinger, 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) <b>myocarditis acute 1 day</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 <b>9-1-59</b> , to <b>1-13-60</b> and last saw <del>him</del> <b>her</b> alive on <b>1-13-60</b> Death occurred at <b>9:10</b> <b>a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>RD Stickler MD</b> (Degree or title)				22b. ADDRESS <b>Kirksville Mo</b>		22c. DATE SIGNED <b>1-15-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-16-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Castle Cemetery</b>		23d. LOCATION (City, town, or county) <b>Green Castle, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Glenn E. Kent &amp; Son, Green City, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>1-19-1960</b>	26. REGISTRAR'S SIGNATURE <b>Nora W. Ratliff</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. O. STICKLER, M.D.

STATEMENT BY LICENSED EMBALMER

MAR 10 1968

JAN 2

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.