

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011835

FILED VS. APR 12 1960

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 14-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TUSCUMBIA</u>		Length of stay in lb <u>5 weeks</u>		c. CITY OR TOWN <u>ELDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphrey's-Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1011 So- GRAND</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Daisy-</u> Middle <u>Bell-</u> Last <u>Downing</u>				4. DATE OF DEATH Month <u>April-</u> Day <u>8</u> Year <u>1960</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7 Feb 1881</u>		
9. AGE (last Birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>		11. BIRTHPLACE (City, and state or country) <u>Camden-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David-Cornett-</u>			13b. MOTHER'S MAIDEN NAME <u>Alice-Margaret-Kays</u>			14. NAME OF HUSBAND OR WIFE <u>Jacob-Downing-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Clyde-Downing-</u> Address <u>Barnett-Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>PHLEBOTROMBOSIS</u>							<u>1 WEEK</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>INFECTION FROM DECUBITUS ULCER</u>							<u>6 WEEKS</u>	
DUE TO (c) <u>Bed Ridden FRACTURED HIP</u>							<u>2 MONTHS</u>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>NONE</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>NONE</u>								
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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>		COUNTY _____ STATE _____		
21. I attended the deceased from <u>FEBRUARY 1960</u> to <u>4-8-60</u> and last saw her/him alive on <u>9-8-60</u>								
Death occurred at <u>6:35</u> P. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>M.E. Humphrey</u>				22b. ADDRESS <u>D.O. Tuscumbia-Mo</u>			22c. DATE SIGNED <u>9 April-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>		23b. DATE <u>12 April-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Big-Rock-</u>		23d. LOCATION (City, town, or county) <u>MORGAN-Co-Mo</u>		
24. FUNERAL DIRECTOR <u>Keith M. Kays</u> ADDRESS <u>ELDON Mo</u>				25. DATE RECD. BY LOCAL REG. <u>April 9, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenboch</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RECEIVED

APR 24 '60

Miller County  
Health Department

STATEMENT BY LICENSED EMBALMER

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 Keith McKays  
Licensed Embalmer No. 3998  
P. O. Address Eldon 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.