

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014644

FILED VS MAY 2 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cooper		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		a. STATE Missouri b. COUNTY Cooper		c. CITY OR TOWN Bunceton	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in 1b 1 week		d. STREET ADDRESS --		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First LEWIS		Middle C.		Last DOWNING		Month April Day 25, Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1906	9. AGE (last birthday) 53	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) Guard - Mo. St. Pen.		10b. KIND OF BUSINESS OR INDUSTRY Guard & Farmer		11. BIRTHPLACE (City and state or country) Raton, New Mexico		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W. B. Downing			13b. MOTHER'S MAIDEN NAME Grace Parrish		14. NAME OF HUSBAND OR WIFE Martha Moore Downing		
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. --		17. INFORMANT Address Mrs. Martha Downing - Bunceton, Mo.			
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) Multiple myeloma with involvement of spinal cord & kidney						2 yrs.	
DUE TO (b) ? Secondary amyloidosis liver, kidney & heart. Arteriosclerotic heart disease with old myocardial infarction (2 yrs.) Congestive failure with acute pulmonary edema (3 days) Possible pul. infarction						Unknown	
DUE TO (c) multiple, Skin eruption, drug reaction - 5 days.							
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 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.)			
20c. TIME OF INJURY		Month, Day, Year					
Hour a.m. p.m.							
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 6-2-58 to 4-25-60 and last saw him alive on 4-25-60		Death occurred at 9:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) William A. Alch, MD				22b. ADDRESS 329 Main Street Boonville, Mo		22c. DATE SIGNED 4/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 27, 1960		23c. NAME OF CEMETERY OR CREMATORY Bunceton Cemetery		23d. LOCATION (City, town, or county) Bunceton, Mo.	
24. FUNERAL DIRECTOR Richard D. Conn, Tipton, Mo.				25. DATE RECD. BY LOCAL REG. 4/27/60		26. REGISTRAR'S SIGNATURE R.D. Hooper	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 5, 1900

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 Richard D. Conn

Licensed Embalmer No. 4903

P. O. Address Lepton, Mo

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