RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-037802
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY: Clinton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in 1b:	c. CITY OR TOWN: Cameron — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cameron Comm.Hosp. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 823 W.4th. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: LYDIA	Middle: MELINDA	Last: DOWNING	4. DATE OF DEATH Month: Nov.	Day: 4.	Year: 1960
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: Dec.7.1883	9. AGE (last birthday): 76	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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Dawson,Nebraska	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Wm. Shafer	13b. MOTHER'S MAIDEN NAME: Eliza Melinda	14. NAME OF HUSBAND OR WIFE: Orie 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.: 497-28-4553	17. INFORMANT Address: O.E.Downing, Cameron,Mo.			

MEDICAL CERTIFICATION

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)	Cerebral Hemorrhage	11 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	10 years
DUE TO (c)	Generalized arteriosclerosis	12 yrs

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

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 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 11-4-50, to 11-4-60 and last saw her/him alive on 11-2-60

Death occurred at 4:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E H Netherton MD	22b. ADDRESS: Cameron,Mo.	22c. DATE SIGNED: 11-4-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-6-1960	23c. NAME OF CEMETERY OR CREMATORY: Cameron Memory Gardens
23d. LOCATION (City, town, or county) (State): Cameron, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Poland Funeral Home,Cameron,Mo.	25. DATE RECD. BY LOCAL REG.: 11-12-60	26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert F Pol

Signature of Student Embalmer

Licensed Embalmer No. 47

P. O. Address 222 Ave Cameron

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