

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045696

FILED VS DEC 27 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1269 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 5 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1100 Block E. Norton Rd. DOA Burge Prot. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1111 N. Glenstone Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First EDMOND Middle ARLO Last DOWNEY				4. DATE OF DEATH Month December Day 19, Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/11/1910		9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Head Custodian			10b. KIND OF BUSINESS OR INDUSTRY Evangel College		11. BIRTHPLACE (City and state or country) Solo, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Edward Downey			13b. MOTHER'S MAIDEN NAME Susia Aldridge			14. NAME OF HUSBAND OR WIFE Hester Downey							
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. 441-09-2067		17. INFORMANT 1111 N. Glenstone Ave. Hester Downey, Springfield, Missouri.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head and neck injuries										INTERVAL BETWEEN ONSET AND DEATH ?			
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) arterio-sclerotic heart disease								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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) He was feeding a herd of ponies in the pony barn. Apparantly he was kicked on the head									
20c. TIME OF INJURY approx. 8:00A.M.		Month, Day, Year 12/19/60		by one of the ponies and staggered out of the barn door to fall into the barn lot, where found dead.									
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) about pony barn			20f. CITY, TOWN, OR LOCATION Springfield,		COUNTY Greene,		STATE Missouri				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at approx. 8:00A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Joseph H. Thieme				(Degree or title) Greene County Coroner				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 12/21/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/21/1960		23c. NAME OF CEMETERY OR CREMATORY Pine Lawn Cemetary			23d. LOCATION (City, town, or county) (State) Houston, Missouri						
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 12-21-60		26. REGISTRAR'S SIGNATURE Effie G. Melton							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

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STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Keith Collier

Licensed Embalmer No. 363

P. O. Address Spring

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.