

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028138

AMENDED Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 132 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS TO THIS RECORD ARE TO FOLLOW

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED JUL 25 1961**

1. PLACE OF DEATH  
 a. COUNTY **Vernon**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Nevada** Length of stay in-1b  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Nevada Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Vernon**  
 c. CITY OR TOWN **Nevada** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **424 West Hickory** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**HARRY VERNON DOWNEY** **June 28 1961**

5. SEX **M** 6. COLOR OR RACE **Wh** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8-7-1893** 9. AGE (last birthday) **67** 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) **Garage Owner** 10b. KIND OF BUSINESS OR INDUSTRY **Retired** 11. BIRTHPLACE (City and state or country) **Moundville, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Matthew Downey** 13b. MOTHER'S MAIDEN NAME **Betty Ware** 14. NAME OF HUSBAND OR WIFE **ORA Re DOWNEY, Deceased**

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. Charles Wilson, 409 W. Hickory Nevada, 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) **Massive Hemorrhage from Bowel probably from Duodenal ulcer.**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c)  \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **none** (Had severe sciatic neuritis left leg since June 5, 1961 but that did not contribute to death.)  
 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  none  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **none**

20c. TIME OF INJURY Hour Month, Day, Year  
 a.m. p.m.

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  
**Nevada Vernon MO**

21. I attended the deceased from **June 5 - 1961** to **June 28 - 1961** last saw him alive on **June 28 - 1961**.  
 Death occurred at **6:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) **W. Love M.D.** 22b. ADDRESS **Nevada, Mo.** 22c. DATE SIGNED **July 19 - 61.**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 30, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Newton Burial Park** 23d. LOCATION (City, town, or county) (State) **Nevada Missouri**

24. FUNERAL DIRECTOR ADDRESS **Ferry Funeral Home Nevada, Missouri** 25. DATE RECD. BY LOCAL REG. **7-22-1961** 26. REGISTRAR'S SIGNATURE **Anna & Jerry**

VS JUL 26 1961

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed L. August Ferry

Licensed Embalmer No. 4960  
P. O. Address Nevada, N

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. -