

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029222

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4074 STATE FILE NUMBER

AMENDED

FILED AUG 31 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 8 yrs.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wheatley-Provident Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1803 Prospect Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
James Downs Aug. 13, 1961

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/3-1875 9. AGE (last birthday) 86
 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) Retired Custodian 10b. KIND OF BUSINESS OR INDUSTRY Bd. of Educ. K.C. Mo 11. BIRTHPLACE (City and state or country) Kans. City, Kans 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Henry Downs 13b. MOTHER'S MAIDEN NAME Louisa 14. NAME OF HUSBAND OR WIFE Georgie Downs

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. None 17. INFORMANT Address Chauncey Downs-1803 Prospect

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) CVA.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congested heart failure
 DUE TO (c)

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.
 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 August 11 to August 13, 1961 and last saw her/him alive on 8-13-61
 Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Granville E. Clark, M.D. 22b. ADDRESS 3718 PROSPECT 22c. DATE SIGNED 8-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 17, 1961 23c. NAME OF CEMETERY OR CREMATORY Woodlawn 23d. LOCATION (City, town, or county) (State) Kans. City, Kansas

24. FUNERAL DIRECTOR ADDRESS Thatchers Mortuary 1520 No. 5th St. K.C. 25. DATE RECD. BY LOCAL REG. 8-16-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Granville E. Clark M.D.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.