

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3582-62-027048
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

VS 300
Rev. 4/59

DATE AMENDED

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28150
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED JUL 30 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 22 Days	c. CITY OR TOWN OVERLAND PARK Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7017 West 65th Terrace Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HAROLD LESLIE DOWNING			4. DATE OF DEATH Month Day Year JULY 7, 1962
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 10-9-24
9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Manager	
10b. KIND OF BUSINESS OR INDUSTRY F I F Associates Inc.		11. BIRTHPLACE (City and state or country) North K.C., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Leslie B. Downing		13b. MOTHER'S MAIDEN NAME LUCILLE, M. SMITH	
14. NAME OF HUSBAND OR WIFE HELEN M. Downing		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2 & PL 28	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Official Records VA Hospital, K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF ADRENAL GLAND WITH WIDESPREAD METASTASIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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 Hour a.m. p.m. Month, Day, Year	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.) VA	20f. CITY, TOWN, OR LOCATION VA	COUNTY	STATE
21. attended the deceased from June 15, 1962 to July 7, 1962 and last saw him on _____ Death occurred at 11:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) PAUL S. QUINN, M.D.		22b. ADDRESS VA HOSPITAL, K.C., MO.	22c. DATE SIGNED 7-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 9, 1962	23c. NAME OF CEMETERY OR CREMATORY Johnson County Memorial Gardens, Johnson County, Kas.	23d. LOCATION (City, town, or county) (State)
24. GENERAL DIRECTOR'S ADDRESS D. W. NEWCOMER'S SONS, K.C. Mo. 1331 Brush Creek Blvd.		25. DATE RECD. BY LOCAL REG. 7-9-62	26. REGISTRAR'S SIGNATURE <i>Ruth H Long</i>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 1962

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 Harold D. Reich

Licensed Embalmer No. 4998

P. O. Address K.C., Mo.

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.