

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 33325
Registrar's No. 43

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY HENRY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. LENGTH OF STAY (In this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON MO		0472	
d. FULL NAME OF HOSPITAL OR INSTITUTION OWENS Nursing Home				d. STREET ADDRESS (If rural, give location) 316 NORTH WATER			
3. NAME OF DECEASED (Type or Print) a. (First) FRANKLIN (X) b. (Middle) Downing c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) OCT 14 1950				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 1/19/1877		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 8 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton Co MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Timothy Downing		13b. MOTHER'S MAIDEN NAME Josephine LAND		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ted Cockrum Clinton MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ^{Marine} Wastonia Poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic nephritis DUE TO (c) with myocarditis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 weeks 592X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from October 11, 1950, to OCT 14, 1950, that I last saw the deceased alive on OCT 14, 1950, and that death occurred at 8.00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward Barrett D.O.				23b. ADDRESS 105 E. Ohio Clinton, MO		23c. DATE SIGNED Oct 14, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-16-50	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM		24d. LOCATION (City, town, or county) CLINTON MO		(State)
DATE REC'D BY LOCAL REG. Oct 16 1950		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Consalvi		ADDRESS Clinton MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10/23/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10/23/50

OCT 23 1950

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 _____

Student Embalmer

Signed

J E Consalvo

Licensed Embalmer No. 1891

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.