

FILED MAR 25 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)STATE FILE NUMBER
124 68 0011826

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 84DO NOT WRITE
ON THIS STUB

9. 0
10a. 79
10b.
11. 0
12. 1
13. 4169
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)					
1. <u>John</u>		<u>Downing</u>			2. <u>Male</u>	3. <u>March 21, 1968</u>					
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH				
4. <u>white</u>		5a. <u>79</u>	5b. <u>6</u> 20	5c. <u>30</u>	6. <u>September 1, 1888</u>		7a. <u>Henry</u>				
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
7b. <u>Clinton</u>		7c. <u>yes</u>		7d. <u>Wetzel Hospital</u>							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>Married</u>		11. <u>Minnie Tindle</u>					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
12. <u>495-01-1504</u>		13a. <u>Labor</u>		13b. <u>—</u>							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER				
14a. <u>Missouri</u>		14b. <u>Benton</u>		14c. <u>Warsaw</u>		14d. <u>yes</u>	14e. <u>—</u>				
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME						
15. <u>William</u>		<u>Henry</u>		<u>Downing</u>	16. <u>Rosilie</u> <u>Downing</u>						
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
17a. <u>Minnie G. Downing</u>		17b. <u>Warsaw, Mo.</u>									
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. IMMEDIATE CAUSE											
(a) <u>Melulley palsy</u>							<u>months</u>				
(b) <u>myocardial infarction</u>							<u>3-week</u>				
(c) <u>Coronary artery disease</u>							<u>year</u>				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)							AUTOPSY (YES OR NO) 19a. <u>—</u>				
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. <u>—</u>		ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20a. <u>—</u>		20b. <u>—</u>		20c. <u>—</u>	20d. <u>—</u>	20e. <u>—</u>					
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)							
20a. <u>—</u>		20b. <u>—</u>		20c. <u>—</u>							
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM		<u>11</u>	<u>5</u>	<u>67</u>	TO	<u>31</u>	<u>21</u>	<u>67</u>	21c. <u>3/21/67</u>	21d. <u>Did.</u>	21e. <u>1:00 P.M.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD							
22a. <u>1:00 P.M.</u>		22b. <u>3/21/68</u>		22c. <u>3/21/68</u>							
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
23a. <u>James C. Chouse</u>		23b. <u>James P. Chouse</u>		23c. <u>—</u>		23d. <u>3/21/67</u>					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE					
23a. <u>105 John Clinton</u>		23b. <u>Mo.</u>		23c. <u>—</u>		23d. <u>64735</u>					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN					
24a. <u>Burial</u>		24b. <u>Englewood Cemetery</u>		24c. <u>Clinton, Missouri</u>							
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
24d. <u>March 23, 1968</u>		24e. <u>Reser Funeral Home - Box 98, Warsaw, Mo.</u>									
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
25a. <u>John F. Reser</u>		25b. <u>Mildred Bigum</u>		25c. <u>3-22-68</u>							

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.

Permit obtained 3-22-68 (1115)