No. 300
10.48

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16410

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5599 Registrar's No. 59

51
0
0

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

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazel Hill Rural
c. LENGTH OF STAY (in this place): 22 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rfd 4 Warrensburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson 51
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazel Hill Rural 0
d. STREET ADDRESS (If rural, give location): Rfd 4 Warrensburg 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Bell
c. (Last): Downing

4. DATE OF DEATH (Month) (Day) (Year): May 14 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 3 1877

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kentuckey

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: William Baugh

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: Lee Downing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lee Downing Warrensburg 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of bladder (urinary) — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
181X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1948, *to* May 14, 1949, *that I last saw the deceased alive on* May 13, 1949, *and that death occurred at* 4:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Warrensburg Mo

23c. DATE SIGNED: 5-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 17 1949

24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill

24d. LOCATION (City, town, or county) (State): Warrensburg Mo.

DATE REC'D BY LOCAL REG.: May 14, 1949

REGISTRAR'S SIGNATURE: Savannah Critchfield 147

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sweeney Phillips Warrensburg Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1949

JUN 14 1949

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.

Signed J. Earl Priest.

Signed.....
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Warrensburg M

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.