

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8625

825

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY-REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City	
c. LENGTH OF STAY (in this place) 18hrs		d. STREET ADDRESS (If rural, give location) 1205 E 21 Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital KCMo.			

3. NAME OF DECEASED a. (First) Charles b. (Middle) Milton c. (Last) Downey			4. DATE OF DEATH (Month) (Day) (Year) Feb. 20-1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 28 1868	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months <input checked="" type="checkbox"/>	IF UNDER 1 YEAR Days <input checked="" type="checkbox"/>	IF UNDER 1 HRS. Hours <input checked="" type="checkbox"/> Min. <input checked="" type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Machinest	10b. KIND OF BUSINESS OR INDUSTRY American Can Co.	11. BIRTHPLACE (State or foreign country) Palmyra Michigan	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME James Downey	13b. MOTHER'S MAIDEN NAME Francis Wilder	14. NAME OF HUSBAND OR WIFE Sarha Downey Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Isabel Ruth Williams	ADDRESS North K.C.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) 40 ans		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vascular Accident 7 days			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-1-49**, to **Death**, 19**50**, that I last saw the deceased alive on **2-20, 1950** and that death occurred at **10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. H. Dunham (Degree or title) MD	23b. ADDRESS North K.C. Mo.	23c. DATE SIGNED 2/22/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Feb 23-1950	24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	24d. LOCATION (City, town, or county) (State) Kansas City Jackson Mo
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DATE REC'D BY LOCAL REG. 2-23-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Morton-Smith's	ADDRESS North K.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Theron O Smith

Licensed Embalmer No.

3928

P. O. Address

North R.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 this body is not embalmed, fact should be so stated above.