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FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8435  
1135

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 JACKSON	
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 KANSAS CITY	
c. LENGTH OF STAY (in this place) 2 Months		3288	
d. FULL NAME OF HOSPITAL OR INSTITUTION Andrew Jackson Hotel McGee		d. STREET ADDRESS (If rural, give location) Andrew Jackson Hotel McGee 1203	

3. NAME OF DECEASED (Type or Print)	a. (First) MARRIE	b. (Middle) MALINDA	c. (Last) DOWNER	4. DATE OF DEATH (Month) (Day) (Year) MARCH 12 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED	8. DATE OF BIRTH SEPT-14-1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) STILLWATER, OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLES M. DANIEL	13b. MOTHER'S MAIDEN NAME MARY REITH	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 495-24-5529	17. INFORMANT'S SIGNATURE OR NAME CHARLES ORVILLE REECE	ADDRESS 1518 N. HYDE PARK AVE WICHITA, KANSAS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leading further examination</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>morphine poisoning</u>		
	DUE TO (c) <u>laboratory analysis positive for morphine sulphate in fatal amount</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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.) Hotel	21c. (CITY, TOWN, OR TOWNSHIP) 123 (COUNTY) KANSAS CITY (STATE) JACKSON, MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) ?	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? morphine sulphate
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer M.D. Deputy coroner 3	23b. ADDRESS 4050 Broadway St. Mo.	23c. DATE SIGNED 3-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)	24b. DATE MARCH 14 1951	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 3-14-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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..... *Robert Kay* .....

Licensed Embalmer No. *4182* .....

P. O. Address *Kansas City* .....

**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.