

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8336

1224

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) Kansas City		c. LENGTH OF STAY (In this place) 50 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5224 Rockhill Road		d. STREET ADDRESS (If rural, give location) 5224 Rockhill Road	
3. NAME OF DECEASED (Type or Print) a. (First) Godfrey b. (Middle) C. c. (Last) DOWNEY			4. DATE OF DEATH (Month) (Day) (Year) March 13, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-20-1893
9. AGE (In years last birthday) 56.58		10. UNDER 1 YEAR Months	10. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Chief, Rent Stab.	11. BIRTHPLACE (State or foreign country) Lincoln Center, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Francis C. Downey	
13b. MOTHER'S MAIDEN NAME Mary V. Brunt		14. NAME OF HUSBAND OR WIFE Margaret H. Downey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. 495-14-4439	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret H. Downey		ADDRESS 5224 Rockhill Rd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 4201 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Walnut Bldg	
23c. DATE SIGNED 3-14-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-52	
24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-15-52		REGISTRAR'S SIGNATURE Gertrude Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	

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

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Name of Deceased _____
 Date of Death _____
 Place of Death _____
 Name of Embalmer _____
 Address of Embalmer _____
 City _____ State _____
 License No. _____
 Date of License _____
 Signature of Embalmer _____
 Date of Embalming _____
 Name of Undertaker _____
 Address of Undertaker _____
 City _____ State _____
 License No. _____
 Date of License _____

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 _____

Glen E. Heck

Licensed Embalmer No. _____

4063

P. O. Address _____

Kansas City, 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.

2-71-5