S. No. 300
v. 10.48

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4545

State File No. 15434

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. ~~45 VP~~ Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD MO
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD MO 1120
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle):
c. (Last): DOWNING

4. DATE OF DEATH (Month) (Day) (Year): APR 6 1952

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: DEC 18 1874
9. AGE (In years last birthday): 78 — If under 1 year: Months 3, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ill 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN LOPEMAN
13b. MOTHER'S MAIDEN NAME: MARGARET GREEN
14. NAME OF HUSBAND OR WIFE: ROBERT DOWNING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: FREEMAN DOWNING
ADDRESS: MARSHFIELD

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) Arteriosclerosis - Coronary — Interval between onset and death: Several Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Generalized — Many years
DUE TO (c) Vascular Hypertension — Over 20 yrs

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: 4201
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* May 18, 1929, *to* April 6, 1952, *that I last saw the deceased alive on* ~~May 18~~ April 5, 1952, *and that death occurred at* 730 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Macdonnell (Degree or title): M.D.
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: Apr. 8, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-9-1952
24c. NAME OF CEMETERY OR CREMATORY: MARSHFIELD
24d. LOCATION (City, town, or county) (State): MARSHFIELD MO

DATE REC'D BY LOCAL REG.: 4/19/52
REGISTRAR'S SIGNATURE: J. Francis
-392 0
25. FUNERAL DIRECTOR'S SIGNATURE: BARBER-BARTO
ADDRESS: MARSHFIELD

(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 R W Barber

Licensed Embalmer No. 3848

P. O. Address Mtg. Grove

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.