

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29392

State File No.

FILED AUG 15 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7178**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2109	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4105 Gano Ave.		d. STREET ADDRESS (If rural, give location) 10 4105 Gano Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) N. c. (Last) Downs.			4. DATE OF DEATH (Month) (Day) (Year) July 26 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27, 1907
9. AGE (In years last birthday) 44		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Burkart Mfg. Co.
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Larry Downs.		13b. MOTHER'S MAIDEN NAME Lucinda Ayers	14. NAME OF HUSBAND OR WIFE Burnice Downs.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Burnice Downs, 4105 Gano Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma Malum Bone ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 196K	
22. I hereby certify that I attended the deceased from 1849 to July 25, 1952 , that I last saw the deceased alive on 7-25 , 19 52 and that death occurred at 5:45 p.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Louis P. Byars, M.D.		23b. ADDRESS 508 N Grand	23c. DATE SIGNED 7-26-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Wouchita Cemetery	24d. LOCATION (City, town, or county) (State) Donaldson, Arkansas.
DATE REC'D BY LOCAL JUL 26 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co., 2223 St. Louis Av.	

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

371 (over)

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 _____

J. M. P. Buchholz

Licensed Embalmer No. 16094

P. O. Address 2223 So. Pine St

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.