

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39177

State File No. _____

No. 300
10.48

FILED NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Webb City Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City Mo. 04920	
c. LENGTH OF STAY (in this place) 24 yrs		d. STREET ADDRESS (If rural, give location) N. Main St. Webb City Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 900 N. Main Found Dead on St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Abe	b. (Middle) Franklin	c. (Last) Downs	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9 1952
-------------------------------------	----------------	----------------------	-----------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 18, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 21	Hours	Mins.
-------------	------------------------	--	---------------------------------	------------------------------------	--------------------------	--------------------------	-------	-------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Harrisonville, Mo. 0	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	---	--	------------------------------------

13a. FATHER'S NAME Burl Downs	13b. MOTHER'S MAIDEN NAME No data	14. NAME OF HUSBAND OR WIFE
-------------------------------	-----------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grover Hook	ADDRESS Peculiar Mo.
---	-------------------------	--	----------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary atherosclerosis</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis generalizata</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>fall</i>
---	---	--

22. I hereby certify that I attended the deceased from *Sept 10, 1952* *retired*, that I last saw the deceased alive on _____, 19____, and that death occurred at *7:30* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wendell H. Bond</i> (Degree or title) <i>Coroner</i>	23b. ADDRESS <i>Wendell H. Bond Bldg.</i>	23c. DATE SIGNED 11-12-52
--	---	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Willet Cemetery	24d. LOCATION (City, town, or county) (State) Harrisonville, Mo.
--	------------------------	--	--

DATE REC'D BY LOCAL REG. 11/12 '52	REGISTRAR'S SIGNATURE <i>Madeline Surtye</i> 4740 9	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hedge Lewis</i>	ADDRESS <i>Funeral Home</i>
------------------------------------	---	---	-----------------------------

(Licensed Emballer's Statement on Reverse Side)

Webb City Mo.

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

192
3

99
0

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/881

Date Filed 11-17-52

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 Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb 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.