

FILED MAR 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5866
1056

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY Clay Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION 820 Professional Bldg.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO
b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty
d. STREET ADDRESS (If rural, give location) 289 50 Jewell St.

3. NAME OF DECEASED (Type or Print)
a. (First) Yale b. (Middle) Allen c. (Last) Downs Sr
4. DATE OF DEATH (Month) (Day) (Year) Feb 18 1953

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH June 26, 1917 9. AGE (In years last birthday) 35

10. USUAL OCCUPATION (Give kind of work) Hoffman Downtown Buick 11. BIRTHPLACE (State or foreign country) Joplin, MO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Oris Downs 13b. MOTHER'S MAIDEN NAME Blanche Linbooga 14. NAME OF HUSBAND OR WIFE Beulah Downs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes 16. SOCIAL SECURITY NO. — 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. Beulah Downs Liberty, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION — 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) _____ 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 Jan 2, 1953, to Feb 18, 1953, that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE William F. Sanders (Degree or title) M.D. 23b. ADDRESS 1103 Grand - KC. Mo. 23c. DATE SIGNED Feb 18, 1953

24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL 24b. DATE 2-20-53 24c. NAME OF CEMETERY OR CREMATORY PARKER F.H. 24d. LOCATION (City, town, or county) (State) Joplin, MO.

DATE REC'D BY LOCAL REG. 2-19-53 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. W. Newcomers 832 Jerome N.E.C.

APR 1 1953

NOV 30 1952
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Glenn H. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. 4526

P. O. Address P.O. 16, 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.