

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Springfield</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1310 N. Robberson</b>		e. STREET ADDRESS (If rural, give location) <b>1310 N. Robberson 0346</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lura</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Downing</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 2, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 8, 1885</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bookkeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Hugh Downing</b>	13b. MOTHER'S MAIDEN NAME <b>Della Arnold</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>665-16-6506</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James A. Downing</b>	ADDRESS <b>1343 N. Robberson</b>
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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, ashenia, 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) <b>Generalized abdominal carcinoma</b>		<b>3 MONTHS</b>
ANTECEDENT CAUSES		DUE TO (b) <b>adenocarcinoma of uterus</b>	<b>6 MONTHS</b>
II. OTHER SIGNIFICANT CONDITIONS		<b>malnutrition and acute</b>	<b>3 mo.</b>

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2-2 1954</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>
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22. I hereby certify that I attended the deceased from **12-10**, 19**53**, to **2-2**, 19**54**, that I last saw the deceased alive on **2-2**, 19**54**, and that death occurred at **11:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. J. Downing, M.D.</b>	23b. ADDRESS <b>609 Cherry, Springfield, Mo.</b>	23c. DATE SIGNED <b>2/2/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb. 3, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Van Wert Ohio</b>	24d. LOCATION (City, town, or county) (State) <b>Van Wert Ohio</b>
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DATE REC'D BY LOCAL REG. <b>2-4-54</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Klingner &amp; Co.</b>	ADDRESS <b>Springfield, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 30 1954

FEB 26 1954

**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. ....  
P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above..