No. 300
10.48

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11647

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett,
c. LENGTH OF STAY (in this place) 13 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dunklin Co. Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gideon 0720
d. STREET ADDRESS (If rural, give location)

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

4. DATE OF DEATH (Month) (Day) (Year) 4-14-1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/3/1880
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Kalida Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John L. Downing
13b. MOTHER'S MAIDEN NAME Lydia Sybert
14. NAME OF HUSBAND OR WIFE Blanche 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. 489-26-6285-A
17. INFORMANT'S SIGNATURE OR NAME Lauern Downing ADDRESS Gideon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. 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 Nov, 1953, to Apr 14, 1954, that I last saw the deceased alive on Ap 14, 1954 and that death occurred at 1A m., from the causes and on the date stated above.

23a. SIGNATURE Sherry Mohler (Degree or title) MD
23b. ADDRESS Kenneth, Mo.
23c. DATE SIGNED 4/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
24b. DATE 4-16-54
24c. NAME OF CEMETERY OR CREMATORY New Malden
24d. LOCATION (City, town, or county) (State) Malden, Mo

DATE REC'D BY LOCAL REG. 5-4-1954
REGISTRAR'S SIGNATURE Earl Husband 90-1
25. FUNERAL DIRECTOR'S SIGNATURE Leroy Tyler ADDRESS Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-6-54
COUNTY FILE NUMBER 554-137

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941 M

P. O. Address Piggott Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.