

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23247

FILED JUL 22 1954

State File No. _____
Registrar's No. 288

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Buckner</u>		c. CITY OR TOWN <u>Buckner</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2yrs</u>		e. STREET ADDRESS (If rural, give location) <u>7000 City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Adams</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 15 1954</u>

5. SEX <u>F m</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 19 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. House.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>"ife O A P</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Downey</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Kogher</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fern Adams</u>	ADDRESS <u>Oak Grove Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Circulatory Failure</u>		
	DUE TO (c) <u>myocardial degeneration</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1/2222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1 1954, to July 14 1954, that I last saw the deceased alive on July 12 1954, and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Higgins D.O.</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Buckner Mo.</u>	23c. DATE SIGNED <u>7/14/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-18-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u>	ADDRESS <u>Oak Grove Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

new

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.....
[Handwritten Signature]

Licensed Embalmer No.....
23, 7

P. O. Address.....
[Handwritten Address]

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.