

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43143**

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4514 Registrar's No. 2

050
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> <u>1050</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Green City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>		b. (Middle) <u>Catherine</u> c. (Last) <u>Downing</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 3, 1867</u>
9. AGE (In years last birthday) <u>87</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Adolph Agman</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>Charles T. Downing</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Downing, Cheyene, Wyoming</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Sclerosis</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Atherosclerosis</u> <u>3 years</u> DUE TO (c) _____	
		II. 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 <u>332X</u>	
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>June 13, 1951</u> , to <u>Dec. 15, 1954</u> , that I last saw the deceased alive on <u>Dec. 13, 1954</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. P. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Green City Mo</u>	23c. DATE SIGNED <u>12/18/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkeye Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>December 24, 1954</u>	REGISTRAR'S SIGNATURE <u>Annabelle D. Cooper, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shawn E. Kenton, Green City, Mo.</u>	

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green 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.