

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31995

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 43-15 Registrar's No. 65-

10-50
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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>Milan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>438 E. 4th st.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Downing</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6, 1955</u>
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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>June 13, 1968</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 4 HRS. Hours <u>---</u> Min. <u>---</u>
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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>Farm home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Curtis</u>	13b. MOTHER'S MAIDEN NAME <u>Emaline DeVold</u>	14. NAME OF HUSBAND OR WIFE <u>Ellis Downing</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. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Downing, Green City, Mo.</u>	ADDRESS <u>Green City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>5 hr</u> <u>10 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemiplegia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Essential arterial Hypertension & Venous stasis.</u>		
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	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) <u>Milan Sullivan Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 June 1957 to Sept 1955, that I last saw the deceased alive on Sept 6, 1955, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph S. Magill M.D.</u>	23b. ADDRESS <u>1117 E. 11th St. Green City, Mo.</u>	23c. DATE SIGNED <u>9/7/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/8/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkeye Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-6-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	320-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blenn E. Hutson</u>	ADDRESS <u>Green City, Mo.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Harold P. 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.