

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4551

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5550</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leota</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leota</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0460</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MANSEL</u>			b. (Middle) <u>ALEXANDER</u>		c. (Last) <u>DOWNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 20, 1882</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>	IF UNDER 6 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mason Valley, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eli Downey</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Philpott</u>		14. NAME OF HUSBAND OR WIFE <u>Eulah Downey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>479-26-8022</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eulah Downey Leota, Mo.</u>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 mins</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <u>4201</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) (Min.)		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>8-1-1947</u> , to <u>2-8-1956</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:15P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David R. Jones D.O.</u>				23b. ADDRESS <u>Bethesda, Mo.</u>		23c. DATE SIGNED <u>2-12-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/11/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Howell County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-5-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carter Funeral Service Salem, Ark.</u>			

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

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

*Leland Carter*

Licensed Embalmer No. *4516*

P. O. Address. *Shaver, Missouri*

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.