

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3697

STATE FILE NUMBER

FILED MAR 4 1957 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Springfield</b> <b>0396</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ellis Fischel State Cancer</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>1343 N. Robberson</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>ARNOLD</b> Last <b>Downing</b>			4. DATE OF DEATH Month <b>2</b> Day <b>23</b> Year <b>57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-20-1880</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocery Clerk &amp; Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Dunkirk, Ohio</b>	
13. FATHER'S NAME <b>Hugh Downing</b>			14. MOTHER'S MAIDEN NAME <b>Della Downing</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>495-30-1993</b>		17. INFORMANT <b>Hospital Records Columbia, Mo.</b> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, lobar,</b> DUE TO (b) <b>Carcinoma of the Prostate with</b> DUE TO (c) <b>metastases</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1wk</b> <b>1yr.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour <b>8:00 PM</b> Month, Day, Year <b>Feb 23, 1957</b> a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from **Feb 1, 1957** to **Feb 23, 1957** and last saw her alive on **Feb 23, 1957**  
Death occurred at **8:00 PM Feb 23, 1957** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Stanley S. Davis MD</b>	22b. ADDRESS <b>Ellis Fischel Cancer Hosp. Columbia, Mo.</b>	22c. DATE SIGNED <b>Feb 23, 1957</b>
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23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Feb. 23, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Scott Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Scott, Ohio</b>
24. FUNERAL DIRECTOR ADDRESS <b>Richard E. Davis, Columbia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 23 1957</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>

(Licensed Emballer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

MEDICAL CERTIFICATION

MAR 12 1951

MAR 9 1951

MAR 8 1951

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 *J. W. Phillips* ..... Licensed Embalmer No. ....

P. O. Address *Columb*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.