Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038830

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Butler — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Butler Memorial — Length of stay in Hospital: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Rich Hill — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: RAYMOND Middle: Last: DOWNEN

4. DATE OF DEATH Month Day Year: November 20 1958

5. SEX: male **6. COLOR OR RACE:** white **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH:** August 29 1904 **9. AGE** (In years last birthday): 54 — 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): laborer **10b. KIND OF BUSINESS OR INDUSTRY:** common labor **11. BIRTHPLACE** (City and state or country): Marcelene, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: Job Downen **13b. MOTHER'S MAIDEN NAME:** Laura Devolld **14. NAME OF HUSBAND OR WIFE:** Mary Downen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** 1752699 **17. INFORMANT** Address: Mrs. Mary Downen-Rich Hill, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs.
DUE TO (c) Chronic pulmonary fibrosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: None
20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐
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 11/17/58 to 11/20/58 and last saw him alive on 11/20/58
Death occurred at 8:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas Donald MD (Degree or title) **22b. ADDRESS** Butler, Mo **22c. DATE SIGNED** 11/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial **23b. DATE:** 11/22/58 **23c. NAME OF CEMETERY OR CREMATORY:** Green Lawn Cemetery **23d. LOCATION** (City, town, or county) (State): Rich Hill, Missouri

24. FUNERAL DIRECTOR ADDRESS: Booth Funeral Service-Rich Hill, Mo. **25. DATE RECD. BY LOCAL REG.:** NOV 22 58 **26. REGISTRAR'S SIGNATURE:** Kendall Young

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Robert G. Stinbud

Licensed Embalmer No. 4657

P. O. Address Butler Me

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.