

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006480

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 837

**FILED MAR 7 1962**

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>                     |  | Length of stay in 1b <u>life</u>   | c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Northeast Osteopathic</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>R # 1</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Roy</u> Middle <u>-</u> Last <u>Downs</u> |  |  | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>30</u> Year <u>1962</u> |  |  |  |
|---|--|--|---|--|--|--|

|                    |                               |   |                                 |                        |   |  |
|--------------------|-------------------------------|---|---------------------------------|------------------------|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-30-62</u> | 9. AGE (last birthday) | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HR<br>Hours <u>0</u> Min. <u>0</u> |
|--------------------|-------------------------------|---|---------------------------------|------------------------|---|--|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S.</u> |
|---|-----------------------------------|---|--|

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|--|---|---|
| 13a. FATHER'S NAME <u>William J. Downs</u> | 13b. MOTHER'S MAIDEN NAME <u>Treva Rhue Rinacke</u> | 14. NAME OF HUSBAND OR WIFE <u>none</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>none</u> | 17. INFORMANT <u>William J. Downs</u><br>Address |
|--|-------------------------------------|--|

|   |                                      |                                  |
|---|--------------------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Premature birth - 4 months</u> |                                      | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) _____<br>DUE TO (c) _____ |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|---|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
|---|

|  |  |  |
|--|--|--|
| 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 <u>Independence, Mo.</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u> |
|--|--|--|

21. I attended the deceased from Jan. 30 1962 to Jan. 30, 62 and last saw her alive on Jan. 30, 1962  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                 |
|---|--|---------------------------------|
| 22a. SIGNATURE <u>L. W. Higgins</u> (Degree or title) | 22b. ADDRESS <u>Independence, Mo. New 40 Hiway &amp; Blue Ridge Cutoff</u> | 22c. DATE SIGNED <u>1-30-62</u> |
|---|--|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>retained</u> | 23b. DATE <u>1-30-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Northeast Hospital</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
|---|--------------------------|--|---|

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| 24. FUNERAL DIRECTOR <u>Northeast Hospital</u> ADDRESS <u>Kansas City, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>2-13-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF L. W. Higgins  
 SHOULD READ

*Ch...*

*Dr. ...*

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.