MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038985

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. ~~1000~~ 4053 Registrar's No. 1272

FILED NOV 6 1963

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

1 5117
2 5117
3 2
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeKalb, — Length of stay in 1b 50yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print) First Rufus Middle S Last Downing

4. DATE OF DEATH Month Oct. Day 27, Year 1963

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 6, 1902
9. AGE (last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 Milling Co
11. BIRTHPLACE (City and state or country) Platte Co, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Downing
13b. MOTHER'S MAIDEN NAME Eliza Brown
14. NAME OF HUSBAND OR WIFE Ruth Downing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of s
16. SOCIAL SECURITY NO. 4
17. INFORMANT Cecil Downing, Address DeKalb, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Stat
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
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 (acting) Coroner to and last saw her/him alive on
Death occurred at 7-8 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.E. Grimes M.D.
22b. ADDRESS St Joseph Mo
22c. DATE SIGNED 10-31-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/30/63
23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery
23d. LOCATION (City, town, or county) (State) DeKalb, Mo

24. FUNERAL DIRECTOR [signature] ADDRESS St. Joseph, Mo
25. DATE RECD. BY LOCAL REG. Nov. 4, 1963
26. REGISTRAR'S SIGNATURE Ms. Clark Goodell

MEDICAL CERTIFICATION M.E. Grimes, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 10-28-63

2112
2112
0 1 0 8
80-0

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 _____ Signed John E. Rupp
Signature of Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.