

FILED JUN 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19500

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u>	
b. CITY OR TOWN <u>Poplar Bluff</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Winona</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff</u> (If not in hospital or institution, give street address or location)			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Eli</u> c. (Last) <u>Townsend</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 30 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 28 1884</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house Building Carter Co Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anthony Townsend</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Epps</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Townsend</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W.E. Townsend</u>		ADDRESS <u>Larmie Wy</u>	
18. NO OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Urinary Retentions</u>	
		DUE TO (c) <u>Urethral Stricture</u>	
II. OTHER SIGNIFICANT CONDITIONS		608X	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>25 April 50</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</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)		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>4-25, 1950</u> , to <u>4-30, 1950</u> , that I last saw the deceased alive on <u>4-30, 1950</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.A. Robinson MD.</u> (Degree or title)		23b. ADDRESS <u>322 Oak Poplar Bluff Mo.</u>	
23c. DATE SIGNED <u>5 May 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-2-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 23 1950</u>		REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u> <u>428</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Jewett</u>		ADDRESS <u>Van Buren</u>	

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

RECEIVED  
JUN 27 1950

BUTLER CO. HEALTH CENTER

FILE No. 650-276

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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 Seaton Perwill

Licensed Embalmer No. 2287

P. O. Address Van Buren 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 this body is not embalmed, fact should be so stated above.