

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20948

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 89

0641

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

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Rails.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra, Mo. Marion Co. 3Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saltriver Township. 0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XANOX Palmyra, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Perry, Mo. R.F.D.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>L.</u>	
c. (Last) <u>Towles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May, 13, 1950.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 23, 1863</u>
9. AGE (In years last birthday) <u>86</u>		<u>4</u> IF UNDER 1 YEAR Months	<u>20</u> IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrensburg, Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Rolla D. Towles</u>	
13b. MOTHER'S MAIDEN NAME <u>Carolyn Burruss</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie D. Towles</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'S SIGNATURE OR NAME <u>Mrs Floyd Robison</u>		ADDRESS <u>Palmyra, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (c) <u>Pyelitis & Bladder infection</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>		<u>10 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 Dec 31, 1949, to May 13, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Palmyra, Missouri.</u>		23c. DATE SIGNED <u>5-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-13-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>5/22/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Perry, Mo.</u>		

RECEIVED JUN 24 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 24 1950

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 _____

Licensed Embalmer No. 3826

P. O. Address Tempe, Ariz.

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.