

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36316**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 433

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neelyville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neelyville</b> <span style="float: right;">0120</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <span style="float: right;">0</span>	

3. NAME OF DECEASED (Type or Print)  
 a. (First) **Ada** b. (Middle) \_\_\_\_\_ c. (Last) **Towns**  
 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 3, 1950**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **June 26, 1884** 9. AGE (In years last birthday) **66** IF UNDER 1 YEAR: Months **4** Days **7** IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (State or foreign country) **Newport, Ark. /** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Nathn Bailey** 13b. MOTHER'S MAIDEN NAME **Mollie Newton** 14. NAME OF HUSBAND OR WIFE **R. B. Towns**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Ruth Dukas** ADDRESS **Neelyville, Mo.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **angina pectoris**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **none that I know**  
 DUE TO (c) **was called after death**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. **died suddenly, diagnosis made from history**

INTERVAL BETWEEN ONSET AND DEATH **1/20/50**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **made from history** 20. AUTOPSY? YES  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 (Month) (Day) (Year) (Hour) \_\_\_\_\_ OF INJURY \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Nov 3, 1950**, to **Nov 3, 1950**, that I last saw the deceased alive on **(2)**, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Stewart A McO Naylor MD** (Degree or title) 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED **Nov 4 50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11/6/50** 24c. NAME OF CEMETERY OR CREMATORY **Neelyville Cemetery** 24d. LOCATION (City, town, or county) (State) **Butler County Mo.**

DATE REC'D BY LOCAL REG. **Nov. 6 1950** REGISTRAR'S SIGNATURE **Wm. H. Johnson** 428 25. FUNERAL DIRECTOR'S SIGNATURE **Gish Funeral Home** ADDRESS **Naylor, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 15 1960  
BUTLER CO. HEALTH CENTER  
FILE No. 1150-460

NOV 17 1960

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 \_\_\_\_\_

*Charles McCarty*

Student Embalmer No. 387

working under my personal supervision.

Student *Charles McCarty*  
Student Embalmer

Signed *Susan McCarty*  
Licensed Embalmer No. 4079

P. O. Address *Naylor, Ma*

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.