

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3476

State File No.

1970
1

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

BIRTH NO.		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6090</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>Rural Liberty TWP</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Nelson</u>		<u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. N.W. Herndon</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>JANE</u> c. (Last) <u>TOWNSEND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>widowed</u>		8. DATE OF BIRTH <u>July, 21, 1865</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR <u>6</u> Months		IF UNDER 24 HRS. <u>16</u> Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Caton</u>			13b. MOTHER'S MAIDEN NAME <u>Emeline McMaham</u>			14. NAME OF HUSBAND OR WIFE <u>Presley Townsend</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs H. V. Clark Marshall mo R 2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>					<u>2 yrs.</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.					<u>10 yrs.</u>
		DUE TO (b) <u>Enlargement of Heart</u>					<u>156 A</u>
		DUE TO (c) <u>General Anasarca</u>					<u>6 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</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) (Min.)		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>Sept 1-1950</u> to <u>Feb 7, 1951</u> (that I last saw the deceased alive on <u>2-7-</u> , 19 <u>51</u> , and that death occurred at <u>12:00 noon</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. G. Putnam M.D.</u> (Degree or title)				23b. ADDRESS <u>Marshall mo</u>		23c. DATE SIGNED <u>2-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Townsend Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County MO</u>	
DATE REC'D BY LOCAL REG. <u>2/8/51</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrews</u> <u>293</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Herzhberger</u>		ADDRESS <u>Marshall, mo</u>	

RECEIVED 2/13/51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 2/13/51

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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Joseph R. Janssen
Licensed Embalmer No. 4571

P. O. Address Marshall, 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.