

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42701

State File No.

FILED JAN 9 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 431

940

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck | | c. LENGTH OF STAY (In this place) 22 yrs. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck | |
| | | d. STREET ADDRESS (If rural, give location) 0 | |

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|-------------------------------------|---------------------------|------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) CHARLES | b. (Middle) RAY | c. (Last) TOWNSEND | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1951 |
|-------------------------------------|---------------------------|------------------------|---------------------------|---|

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|--------------------|-------------------------------|--|--------------------------------------|---|---|---|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) widowed | 8. DATE OF BIRTH Aug. 27 1889 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 4 Days 2 | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|--|--------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Belgrade Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Charles S. Townsend | 13b. MOTHER'S MAIDEN NAME Mary Gibson | 14. NAME OF HUSBAND OR WIFE Florence G. Townsend |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. 1 | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Reed, Bismarck Mo. | ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 153X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 1-1, 1951, to 12-29, 1951, that I last saw the deceased alive on 12-29, 1951, and that death occurred at 1:40A m., from the causes and on the date stated above.

| | | |
|--|---------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) James H. Huffman, M.D. | 23b. ADDRESS Bismarck Mo | 23c. DATE SIGNED 12-31-51 |
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|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 12-31-51 | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cem. | 24d. LOCATION (City, town, or county) (State) Bismarck Mo. |
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| DATE REC'D BY LOCAL REG. Dec. 31, 1951 | REGISTRAR'S SIGNATURE Ether Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE A. J. Wise | ADDRESS White Funeral Home, Ironton Mo. |
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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 Ernest J. White

Licensed Embalmer No. 3012

P. O. Address Imitor, Ind.

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.