S. No. 300
. 10-48

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1292

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 2

470

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belleview 0470
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): LAWRENCE
b. (Middle): BERRYMAN
c. (Last): TOWNSEND

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: June 21 1896
9. AGE (In years last birthday): 56 — If under 1 year: Months 6, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: stock
11. BIRTHPLACE (City and State or Foreign Country): Belleview Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William A. Townsend
13b. MOTHER'S MAIDEN NAME: Anna Berryman
14. NAME OF HUSBAND OR WIFE: Jettie Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 498-09-0438
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Jettie Townsend, Belleview 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Primary Cancer of Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastasis to Mediastinum — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 163X

19a. DATE OF OPERATION: Nov. 1-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Lung
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 OF INJURY (Month) (Day) (Year) (Hour) m.
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. 30, 1952, *to* 1-13, 1953, *that I last saw the deceased alive on* 1-13, 1953, *and that death occurred at* 7.45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George W. Lay M.D. 0
23b. ADDRESS: Ironton Mo.
23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-16-53
24c. NAME OF CEMETERY OR CREMATORY: Methodist Cemetery
24d. LOCATION (City, town, or county) (State): Caledonia Mo.

DATE REC'D BY LOCAL REG.: 1-17-53
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128/0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton Mo. Russell White

(Licensed Embalmer's Statement on Reverse Side)

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

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. _____

P. O. Address _____

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.