

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1810

State File No. _____

FILED JAN 30 1953

55.72

Registrar's No. 22

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. _____		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give name of township) Independence		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) K. C. Mo TRITAL		7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Home				d. STREET ADDRESS (If rural, give location) Lees Summit Rd.			
3. NAME OF DECEASED a. (First) Thomas E b. (Middle) E c. (Last) Townsend			4. DATE OF DEATH (Month) (Day) (Year) Jan 19, 1953				
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	8. DATE OF BIRTH March 23, 1881		9. AGE (If years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) VALLES MINES Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A	
13a. FATHER'S NAME W. O. Townsend		13b. MOTHER'S MAIDEN NAME Sarah M. Fadden		14. NAME OF HUSBAND OR WIFE Bertha 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. 702-02-9506		17. INFORMANT'S SIGNATURE OR NAME Record			
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) Enlarged Prostate - Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		610X	
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 Jan 1951, to Jan 19, 1953, that I last saw the deceased alive on 1-19, 1953, and that death occurred at 4:00 m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. H. Kuffner MD				23b. ADDRESS R. #4 Indep. Mo		23c. DATE SIGNED 1-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/53	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 1-23-53		REGISTRAR'S SIGNATURE D. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. 18 & Benton			

(Increased Embalmer's Statement on Reverse Side)

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

55

MAR 4 1953

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 Bruce L. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.