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FILED OCT 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32517

State File No.

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 3048 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Wodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY OR TOWN <u>Marysville</u>	c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bedford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED a. (First) <u>Laura</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Nellie Townsend</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22-1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>April 8-1873</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Aulshie</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Slath</u>	14. NAME OF HUSBAND OR WIFE <u>P.O. Townsend</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>X Gladys T. Jenkins</u> ADDRESS <u>Bedford Ia</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>Coronary Occlusion</u>		ANTECEDENT CAUSES		<u>4 days</u>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Diabetes Mellitus</u>		<u>20 yrs</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 May 19 52 to Sept 22, 1953, that I last saw the deceased alive on Sept 22, 1953, and that death occurred at 11:20 am., from the causes and on the date stated above.

23a. SIGNATURE <u>E. P. Jones M.D.</u> (Degree or title)	23b. ADDRESS <u>Marysville Mo.</u>	23c. DATE SIGNED <u>9-27-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Athelston Cem</u>
24d. LOCATION (City/town, or county) <u>Iowa</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank S. ...</u> ADDRESS <u>Bedford Ia</u>	
DATE REC'D BY LOCAL REG. <u>10-3-53</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	

(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

Frank Luketmeyer Jr

Licensed Embalmer No. *4517*

P. O. Address *Bedford, Iowa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.