

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21995**

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 116		
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (In this place) 20 Min		c. CITY OR TOWN Rush Hill		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mexico General Hosp				e. STREET ADDRESS (If rural, give location) 0040				
3. NAME OF DECEASED (Type or Print) a. (First) Jackson b. (Middle) Garrison c. (Last) Towne			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1954					
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 13, 1921		
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN			10b. KIND OF BUSINESS OR INDUSTRY School System		11. BIRTHPLACE (City and State or Foreign Country) Audrain Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jackson J. Towne			13b. MOTHER'S MAIDEN NAME Mignon McDonough			14. NAME OF HUSBAND OR WIFE Sally Towne		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW 496-12-0038		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.C. Towne, Rush Hill, 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.		<p align="center">MEDICAL CERTIFICATION</p> <p align="center">Coroner's Inquest with Jury. Death cause observed</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) a heart condition, Coronary Trouble, Aggravated by the temperature of the weather &</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) during last few days.</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None				
22. I hereby certify that I attended the deceased from Coroner's case with Jury , 19 54 , that I last saw the deceased Deed on July 14, 1954 , and that death occurred at 2:20 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE J. C. Towne				23b. ADDRESS Mexico Audrain Missouri		23c. DATE SIGNED 7-14-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-16-54		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD Cem		24d. LOCATION (City, town, or county) (State) Mexico, Mo		
DATE REC'D BY LOCAL REG. July 15-1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home Mexico Mo				

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

JUL 3 7 1953
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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.....
Signature of Student Embalmer

Signed.....
Alvin Arnold Jr.

Licensed Embalmer No. *356*

P. O. Address *Murphy*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.