

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33290

State File No.

FILED OCT 18 1954

BIRTH NO. REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 4089 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>CARTER.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI.</u> b. COUNTY <u>CARTER.</u>	
b. CITY OR TOWN <u>GRANDIN.</u>		c. CITY OR TOWN <u>GRANDIN.</u>	
c. LENGTH OF STAY (in this place) <u>31 YRS.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0180</u>	

3. NAME OF DECEASED (Type or Print) <u>LEONARD</u>			a. (First)			b. (Middle)			c. (Last) <u>TOWNSEND.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 2 1954</u>		
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5. SEX <u>MALE.</u>		6. COLOR OR RACE <u>WHITE.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 1, 1898.</u>		9. AGE (in years last birthday) <u>56.</u>		IF UNDER 1 YEAR Months Days Hours Mins		IF UNDER 24 HRS. Hours Mins	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER WORKER.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FORESTRY.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>TENNESSEE.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>ANTHONY TOWNSEND.</u>			13b. MOTHER'S MAIDEN NAME <u>MINEAVA JANE LANCASTER.</u>			14. NAME OF HUSBAND OR WIFE <u>CLARA TOWNSEND.</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>488-18-4916</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ruthie Jowers Grandin, Mo.</u>			ADDRESS		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma.</u>							
		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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 6-20, 1954, to 10-2, 1954, that I last saw the deceased alive on 10-2, 1954, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry R. Resy, DO</u>		23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>10-6-54.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>		24b. DATE <u>OCT. 4, 1954.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRANDIN, (MO.) CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>GRANDIN, MISSOURI.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct. 16-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Meador, Doniphan, Mo.</u>		ADDRESS	
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(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.....
Signature of Student Embalmer

Signed *Ray Mesmer*.....

Licensed Embalmer No. *3743*

P. O. Address *Doniphan*

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.