

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28047**
Registrar's No. **320**

FILED SEP 12 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075

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| 1. PLACE OF DEATH a. COUNTY St Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Francois Twp. Farmington, Mo OR TOWN Rural | | c. LENGTH OF STAY (In this place) 7 months | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #4 | | e. STREET ADDRESS (If rural, give location) Berryman Rt. Mo | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Peery c. (Last) Townsend | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1956 | | |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 11-11-1873 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months 9 YEAR 21 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor of Medicine | 10b. KIND OF BUSINESS OR INDUSTRY Office own | 11. BIRTHPLACE (City and State or Foreign Country) Belgrade, Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Charles Townsend | 13b. MOTHER'S MAIDEN NAME Mary Gibson | 14. NAME OF HUSBAND OR WIFE Minnie Townsend |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs J.P. Townsend ADDRESS Berryman Rt. Mo |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 18 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, terminal | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome with cerebral arteriosclerosis with psychotic reaction. | | | |

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| 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) (Min.) | 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 Feb. 2, 1956, to 9-2-56, 1956, that I last saw the deceased alive on Sept. 2, 1956, and that death occurred at 9:25 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J. A. Brenna M.D. | 23b. ADDRESS State Hospital No. 4, Farmington, Mo | 23c. DATE SIGNED 9-2-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-4-1956 | 24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery | 24d. LOCATION (City, town, or county) (State) Potosi, Mo |
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| DATE REC'D BY LOCAL REG. 9-2-56 | REGISTRAR'S SIGNATURE Ether Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE Arthur W. Smith ADDRESS Potosi, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Mary M. Smith*.....

Licensed Embalmer No. *439*

P. O. Address *P.O.S.I. M*

-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.