

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037462

FILED VS NOV 14 1960

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 616

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia, Missouri</b>		Length of stay in 1b <b>30 days</b>		c. CITY OR TOWN <b>Cameron</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cancer Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>803 North Pine</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Lola</b> Middle <b>N.</b> Last <b>Townsend</b>				4. DATE OF DEATH Month <b>November</b> Day <b>7</b> Year <b>1960</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/14/05</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Maysville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Ruth Stackhouse</b>			13b. MOTHER'S MAIDEN NAME <b>Rodamay Palmer</b>			14. NAME OF HUSBAND OR WIFE <b>Loyd Townsend</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Hospital Records</b>		Address <b>Columbia, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pancreatitis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____						
		DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Sub diaphragmatic abscess post pelvic excitation</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <b>10/7/60</b> to <b>11/7/60</b> and last saw her live on <b>11/6/60</b> Death occurred at <b>11/6/60</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>J B Shields M.D.</b> (Degree or title)				22b. ADDRESS <b>Ellis Fischer Assoc.</b>		22c. DATE SIGNED <b>11/18/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>11/7/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LICK FORK CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>DAVIS COUNTY Mo.</b>				
24. FUNERAL DIRECTOR <b>PARKERS FUNERAL SERVICE</b>			ADDRESS <b>COLUMBIA MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>NOV. 7 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 472

P. O. Address 111 E. Humboldt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.