

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026159

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 878

FILED AUG 6 1962

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Clarksdale</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA St. Josephs Hospital</u>		d. STREET ADDRESS <u>Rural</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ARLEY</u> Middle <u>TOWNSEND</u> Last <u>TOWNSEND</u>			4. DATE OF DEATH Month <u>July</u> Day <u>30</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/19/1898</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common</u>		11. BIRTHPLACE (City and state or country) <u>Bolckow Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		13a. FATHER'S NAME <u>William Calvin Townsend</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Neely</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		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>  </u>	
17. INFORMANT <u>Mrs. Arley Cordnier</u>		Address <u>Clarksdale, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Shock</u> INTERVAL BETWEEN ONSET AND DEATH <u>at once</u>	
DUE TO (b) <u>Broken neck</u> <u>at once</u>	
DUE TO (c) <u>2 car collision</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Entered HiWay 169 from County Rt.W near Avenue City and was struck by southbound car on 169 Hiway.</u>	
20c. TIME OF INJURY Hour <u>6:15</u> a.m. <u>  </u> Month, Day, Year <u>7/30/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 169 Andrew County</u>	20f. CITY, TOWN, OR LOCATION <u>Avenue City</u>	COUNTY <u>Andrew</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>breathed body</u> and last saw <u>him</u> <input checked="" type="checkbox"/> alive on <u>6/45 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>S.E. Melney, M.D. Coronor</u>		22b. ADDRESS <u>214 Kirkpatrick Bldg. St. Joseph</u>		22c. DATE SIGNED <u>7/30/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/1/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Savannah Missouri</u>	

24. FUNERAL DIRECTOR <u>Stacey Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 31, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>
--	-----------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DATE AMENDED

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

S.E. Melney, M.D. CORONER

VS 300 Rev. 4/59  
15117  
20320  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 X  
10  
11 002  
12 92-3  
13 1-0

OCT 2 1962

Permit issued 7/3/62

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

\*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.