MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031348

Registration District No. 149 Primary Registration District No. 6182 Registrar's No. ~~1002~~ 4018 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City

Length of stay in Ib 2 Months

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital

Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2108 College

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Belinda Middle Last Townsend

4. DATE OF DEATH Month August Day 1 Year 1962

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5/29/62

9. AGE (last birthday) ~~2 Months~~ IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY ....

11. BIRTHPLACE (City and state or country) Kansas City, Mo

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William Townsend

13b. MOTHER'S MAIDEN NAME Aslee Adams

14. NAME OF HUSBAND OR WIFE Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. .....

17. INFORMANT Aslee Townsend Address K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple congenital deformities

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 7-31-62 to 8-1-62 and last saw her/him alive on 8-1-62

Death occurred at 6:12 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Ellis M.D.

22b. ADDRESS 2400 Cherry

22c. DATE SIGNED 8-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/4/62

23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Mrs. Meek's Mortuary ADDRESS K. C. Mo.

25. DATE RECD. BY LOCAL REG. 8-4-62

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3338		
3			
4	3		
5	0		
6			
7	0		
8	1		
9	7593		
10			
11			
12	57-0		
13			

BY AFFIDAVIT OF DOCUMENT

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 Millard B Pastins

Licensed Embalmer No. 5013

P. O. Address K.C. 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.