

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050922

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6983

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 17 1964

VS 300
Rev. 4/59

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3608

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF James E. Griffin, Medical Certification

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>60 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Revere Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3425 E 46 St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Irene Thompson Townsend</u> First Middle Last			4. DATE OF DEATH <u>Dec 22 1963</u> Month Day Year
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-30-02</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secy Treas. Sec P. Rainforest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boiler Hall Mfg.</u>	11. BIRTHPLACE (City and state or country) <u>Nevada, Missouri</u>
13a. FATHER'S NAME <u>William Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>No</u>) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <u>3</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspstatie pneumonia</u> DUE TO (b) <u>Metastatic ca lungs</u> DUE TO (c) <u>Primary Coarplectic (H. H. H. H.)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		14. NAME OF HUSBAND OR WIFE <u>Denton Kenilworth Townsend</u> Address <u>3425 E 46 St. N.E. Mo.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>5 AM</u> Month, Day, Year <u>1950</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>1950</u> to <u>1963</u> and last saw her/him, alive on <u>Dec 22-63</u> Death occurred at <u>5 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James E. Griffin, M.D.</u> (Degree or title)		22b. ADDRESS <u>3900 Paces H. Ct. Mo 12/23/63</u>	
22c. DATE SIGNED <u>12-23-63</u>		22d. DATE RECD. BY LOCAL REG. <u>12-29-63</u>	
23a. HOSPITAL, CREMATION, BURIAL, (Specify)		23b. DATE <u>12-24-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Wm. Monahan Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Blankenship, Raytown, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

USE BLACK INK OR TYPEWRITER RIBBON

400000

STATE OF MARYLAND

6-1-00
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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 Clark Heger

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.