

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045247

STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 140

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Henrietta</u> <u>0890</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>Ray county Memorial-11 hrs.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>RAYMOND</u> Last <u>TOWNSEND</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>25</u> Year <u>1958</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>July 6, 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>75</u> FUNDER 1 YEAR Months <u>5</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (City and state or country) <u>Bosworth, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William A. Townsend</u>		13b. MOTHER'S MAIDEN NAME <u>America Jennie Orebaugh</u>	
14. NAME OF HUSBAND OR WIFE <u>Gertrude V. Forsythe</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>none</u>		17. INFORMANT Address <u>Janice Hicks, Norbobne, Missouri</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>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio-sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>3</u> <u>3</u>
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.) <u>332X</u>	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT <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 <u>12-25-58</u> to <u>12-25-58</u> and last saw him alive on <u>12-25-58</u> Death occurred at <u>6:20</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. E. Jay M.D.</u> (Degree or title)		22b. ADDRESS <u>Richmond, Mo.</u>	
22c. DATE SIGNED <u>12-26-58</u>		22d. SIGNATURE <u>Malcolm Jackson</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-27-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Thomas J. Carter, Richmond, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-29-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>			

JAN 13 1959

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 *Thomas J. Carter* .....

Licensed Embalmer No. *4474* .....

P. O. Address *Baltimore* .....

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.