

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 38243

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5924 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dresden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 324 North Engineer	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 1/2 miles northwest Sedalia			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) EARL c. (Last) TOWNSEND			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 23, 1922	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Contracting	11. BIRTHPLACE (State or foreign country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME W.L. Townsend	13b. MOTHER'S MAIDEN NAME Ruby Renno	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 498-32-2278	17. INFORMANT'S SIGNATURE OR NAME W.L. Townsend, ADDRESS 324 N. Engineer Sedalia, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 58104 27
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fracture skull and crushed abdomen		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) train and automobile collision		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) railroad crossing	21c. (CITY, TOWN, OR (TOWNSHIP) Dresden) (COUNTY) Sedalia, Pettis County, Mo. (STATE) Mo.
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21d. TIME OF INJURY 11/18/49 7:45 AM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? passenger truck hit by Missouri-Pacific train
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22. I hereby certify that I attended the deceased ~~7:45~~ as coroner, to 11/18/49, that I last saw the deceased on 19____, and that death occurred at 4:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE Chas. Gordon Spafford M.D. (Degree or title)	23b. ADDRESS Coroner Pettis County	23c. DATE SIGNED 11/18/49
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 11/21/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) Sedalia, Missouri (State)
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DATE REC'D BY LOCAL REG. 11/19/49	REGISTRAR'S SIGNATURE Betty Yeager	25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer) Statement on Reverse Side	ADDRESS Sedalia, Mo.
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No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 21

District Health Officer No. 8,

District File Number.....

Date Filed 11-23-49

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
Student Embalmer

Signed Luane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.