No. 300
10-48

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40290

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1354

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

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 4 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri M.E. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Andrew 2
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bolckow R.F.D. 0
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) Sharon b. (Middle) Sue c. (Last) Townsend

4. DATE OF DEATH (Month) (Day) (Year) 12-11-1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH June 12-1946
9. AGE (In years last birthday) 3 — IF UNDER 1 YEAR Months 5 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Andrew Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert Townsend
13b. MOTHER'S MAIDEN NAME Ruth E. Dysart
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) At no (If yes, give war or dates of service) Home
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Robert Townsend ADDRESS Bolckow Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pelicheal Hemorrhages of Brain Stem — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Concussion — 9 hours.
DUE TO (c) — 8 Hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 2b

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On highway
21c. (CITY, TOWN, OR TOWNSHIP) Rae (COUNTY) Andrew, 2 (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 10 1949, 5:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile in which Pt. was riding struck Truck

22. *I hereby certify that I attended the deceased from* Dec 11, 1949, *to* Dec 11, 1949, *that I last saw the deceased alive on* Dec 11, 1949, *and that death occurred at* 2 AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George W. Forman M.D.
23b. ADDRESS 902 Edmond St St Joseph
23c. DATE SIGNED 12-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-14-1949
24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery
24d. LOCATION (City, town, or county) (State) Savannah, Missouri.

DATE REC'D BY LOCAL REG. Dec. 12, 1949
REGISTRAR'S SIGNATURE E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home ADDRESS Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed E. C. Breit

Signed .....
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Savannah Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.