

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15514**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 11 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbin Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arrow Rock 0970	
		d. STREET ADDRESS (If rural, give location) North of Main street	

3. NAME OF DECEASED (Type or Print) a. (First) Velma b. (Middle) Pearl c. (Last) Townsend			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3rd, 1893	9. AGE (In years last birthday) (If under 1 year: Months Days) (If under 12 hrs: Hours Min.) 57 1 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch board operator, Mid-Mo.-Tel.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boonville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Homer Drennen	13b. MOTHER'S MAIDEN NAME May Tucker	14. NAME OF HUSBAND OR WIFE Huston Townsend
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 495-01-8924	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Huston Townsend, Arrow Rock, 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 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		1501
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema		6 mos	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 15, 1950**, to **Mar 31, 1950**, that I last saw the deceased alive on **Mar 30, 1950**, and that death occurred at **2:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Gray, M.D.	(Degree or title)	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 3/31/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 2, 1950	24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery	24d. LOCATION (City, town, or county) (State) Arrow Rock, Mo.
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DATE REC'D BY LOCAL REG. April 2-1950	REGISTRAR'S SIGNATURE Hidney T. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 10

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-20-50

DEC 14 1950

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.