

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21200

941

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 308 SUMMIT ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 SUMMIT ST.			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MADISON c. (Last) TOWNSEND		4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 25, 1884
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 0	IF UNDER 1 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY MO. ILL. R. ROAD	11. BIRTHPLACE (State or foreign country) JACKSON MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES MADISON TOWNSEND	13b. MOTHER'S MAIDEN NAME MATILDA JANE McGUIRE	14. NAME OF HUSBAND OR WIFE MAGGIE TOWNSEND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAGGIE TOWNSEND BONNE TERRE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) : 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"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1, 1950 , to June 25, 1950 , that I last saw the deceased alive on June 21, 1950 , and that death occurred at 1:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Maxim J. Haw, Jr. M.D.		23b. ADDRESS Bonne Terre Mo	23c. DATE SIGNED 6/26/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 29, 1950	24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE	24d. LOCATION (City, town, or county) (State) BONNE TERRE MO.
DATE REC'D BY LOCAL REG. June 27, 1950	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bonnie Terrell, Bonne Terre Mo	

----- District File Number -----

District Health Officer No. 97

JUL 5 1950

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JUL 11 1950

16

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 _____
Student Embalmer

Signed

Charles J. Claywell

Licensed Embalmer No.

3796

P. O. Address

Bonne Terre, 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.