

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20694**

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Linn	
b. CITY OR TOWN BROOKFIELD	c. LENGTH OF STAY (in this place) 7 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROOKFIELD 05E2	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLEY	b. (Middle) M.	c. (Last) TOWNSEND	4. DATE OF DEATH (Month) (Day) (Year) June 19, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 15, 1864	9. AGE (in years last birthday) 86	10. MONTHS 8	11. DAYS 4	12. IF UNDER 1 YEAR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Gen. mdae	11. BIRTHPLACE (State or foreign country) Smithville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME A.C. Townsend	13b. MOTHER'S MAIDEN NAME Sarah O. Mann	14. NAME OF HUSBAND OR WIFE Gracia Townsend
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Gracia Townsend	ADDRESS Brookfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Globy		8 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis		12 yr.
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331 V	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 5, 1945**, to **June 17, 1951**, that I last saw the deceased alive on **June 17, 1951**, and that death occurred at **9:15 1/2 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray R. Reuley M.D.	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Marion Cem.	24d. LOCATION (City, town, or county) (State) Bushler Mo
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DATE REC'D BY LOCAL REG. June 20, 1951	REGISTRAR'S SIGNATURE J. B. Erwin	167	25. FUNERAL DIRECTOR'S SIGNATURE Larson Funeral Service	ADDRESS Bushler, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

587
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Date Received: JUN 25 1951
DISTRICT HEALTH OFFICE #2
District File Number: 6-511127
Date Filed: JUN 25 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Burlington 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.