

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23982**
Registrar's No. **257**

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

1. PLACE OF DEATH
a. COUNTY **Pettis**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sedalia**
c. LENGTH OF STAY (in this place) **4 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **324 N. Engineer**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Pettis**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sedalia, Missouri 0804**
d. STREET ADDRESS (If rural, give location) **324 N. Engineer**

3. NAME OF DECEASED
a. (First) **William** b. (Middle) **Letcher** c. (Last) **Townsend**

4. DATE OF DEATH **Aug 4, 1951**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec 1, 1895**

9. AGE (In years last birthday) **55** IF UNDER 1 YEAR **8** MONTHS **3** DAYS IF UNDER 12 HRS. **5** MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retail Lumber**

10b. KIND OF BUSINESS OR INDUSTRY **Lumber**

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Presley Townsend**

13b. MOTHER'S MAIDEN NAME **Minnie Jane Cayton**

14. NAME OF HUSBAND OR WIFE **Mrs. Ruby Townsend**

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Ruby Townsend, Sedalia, 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) **Gastric Adenocarcinoma**
INTERVAL BETWEEN ONSET AND DEATH **near 1 1/2 yrs**
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.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) **151X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Sept 11, 1950**, to **Aug 4, 1951**, that I last saw the deceased alive on **Aug 4, 1951**, and that death occurred at **3:45 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. E. Bess, M.D.**

23b. ADDRESS **Sedalia Mo.**

23c. DATE SIGNED **8-6-1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Aug 6, 1951**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park**

24d. LOCATION (City, town, or county) (State) **Sedalia, Missouri**

DATE REC'D BY LOCAL REG. **8/8-51**

REGISTRAR'S SIGNATURE **A. J. Campbell M.D. Deputy**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Duane Young**

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

RECEIVED 8-13-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-13-51

M. Gess

SEP 26 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 *P. E. Baker*

Licensed Embalmer No. 2419

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.