S. No. 300
v. 10.48

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26062

BIRTH NO. ____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4004 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: Andrew 0020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolckow
c. LENGTH OF STAY (In this place): 77 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolckow 0020
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Louving
b. (Middle): Jane
c. (Last): Townsend

4. DATE OF DEATH (Month) (Day) (Year): 9-1-1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 2-18-1863
9. AGE (In years last birthday): 88 — If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Rosendale - Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: F. M. Wells
13b. MOTHER'S MAIDEN NAME: Sarah Elizabeth ~~Townsend~~ Wells
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Inola 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): Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential Hypertension — 20 years
DUE TO (c): arteriosclerosis.

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: 331X
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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* Aug 28, 1951, *to* 9-1-, 1951, *that I last saw the deceased alive on* 8-31, 1951, *and that death occurred at* 7:31 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hilbert B. Keller M.D.
23b. ADDRESS: Savannah, Mo.
23c. DATE SIGNED: 9-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-3-1951
24c. NAME OF CEMETERY OR CREMATORY: Hoover Neely Grove
24d. LOCATION (City, town, or county) (State): Rosendale - Mo.

DATE REC'D BY LOCAL REG.: 9-3-51
REGISTRAR'S SIGNATURE: Lillian Spark
25. FUNERAL DIRECTOR'S SIGNATURE: G. M. Atchison — **ADDRESS**: Maryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
11
DISTRICT
HEALTH OFFICE
CAMBRIDGE, MD.

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 G. M. Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Monroeville, Md.

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.