

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34622

State File No.

FILED OCT 25 1951

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Frank</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Clarksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2nd & Washington</u>		d. STREET ADDRESS (If rural, give location) <u>2nd & Washington</u>	

3. NAME OF DECEASED (Type or Print) <u>MAE</u>	a. (First)	b. (Middle) <u>Thelma</u>	c. (Last) <u>TOWNSEND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 7-1894</u>	9. AGE (In years last birthday) <u>57</u> 1/2	IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>	IF UNDER 12 HRS. Hours <u>9</u> Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Brownsville Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Maurice J. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Helenetta Hanson</u>	14. NAME OF HUSBAND OR WIFE <u>Engene Townsend</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>940</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Engene Townsend</u>	ADDRESS <u>Clarksville, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric ulcer - bleeding</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	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. <u>Rheumatoid Arthritis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>5400</u>	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 10-31, 1950, to 10-13, 1951, that I last saw the deceased alive on 10-13, 1951, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Hooker, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Clarksville, Mo.</u>	23c. DATE SIGNED <u>10-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct-17-51</u>	REGISTRAR'S SIGNATURE <u>Rudie Richard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold L. Larroce</u>	ADDRESS <u>Clarksville Mo</u>
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No. 300
10.48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 26 1951

OCT 19 1951

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1864
Date Filed:

OCT 19 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 George M. Collier

Signed.....
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.