

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38264

State File No. ....

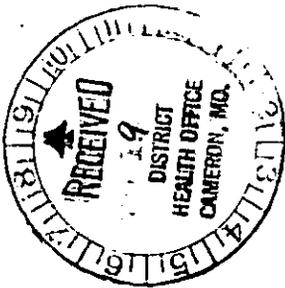
FILED NOV 27 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 247

742

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) OR TOWN Maryville 0742	
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 West Second		d. STREET ADDRESS (If rural, give location) 219 West Second 0	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) L.	
c. (Last) TOWNSEND		4. DATE OF DEATH (Month) (Day) (Year) 11 9 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH 3/19/61
9. AGE (In years last birthday) 90		10. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Warren, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Grocer		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert King Townsend		13b. MOTHER'S MAIDEN NAME Arabelle Howetzer	
14. NAME OF HUSBAND OR WIFE Ida Michau Townsend, dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME F. M. Townsend, Maryville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Atherosclerosis not known		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)	332X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 March 1, 1951, to Nov. 9, 1951, that I last saw the deceased alive on Nov 8, 1951, and that death occurred at 8:55A m., from the causes and on the date stated above.			
23a. SIGNATURE J. A. Blacmer (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 11/10/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11/12/51		24c. NAME OF CEMETERY OR CREMATORY Ashland	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	
DATE REC'D BY LOCAL REG. 11-17-51		REGISTRAR'S SIGNATURE Beso Holt 224	



APR 15 1954

APR 16 1952

SEP 4 1952

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.....

*Clayton M. Price*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1822*

P. O. Address *Manassas, Va.*

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.