

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15831

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>5214</u>		Registrar's No. <u>30</u>		
1. PLACE OF DEATH a. COUNTY <u>Carter.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carter.</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Grandin "Rural."</u>)		c. LENGTH OF STAY (in this place) <u>6 hours.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandin "Rural."</u>		<u>0180</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3/4 Mi. W. of Grandin.</u>				d. STREET ADDRESS (If rural, give location) <u>3/4 Mi. W. of Grandin.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>June</u> c. (Last) <u>Townsend.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1952.</u>					
5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married!</u>		8. DATE OF BIRTH <u>May 15, 1952.</u>		
9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>		IF UNDER 1 MRS. Hours <u>---</u> Min. <u>---</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Grandin, Missouri.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Louis Townsend.</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Meekins.</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE, OR NAME <u>B.N. Melbins.</u> ADDRESS <u>Grandin, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND 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) <u>776x</u>				
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? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Seaton Pruitt, cor.</u> (Degree or title)				23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>6-21-52.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>May 16, 1952.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandin Cemetery, Carter County, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>May 27-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>		50-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means, Doniphon, Mo.</u> ADDRESS _____		

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

0180

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ray Measor.....

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.