

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5299

FILED FEB 16 1953 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <i>Clairoux</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Clairoux</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Jamestown</i>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>Jamestown</i>	0312
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>ANDREW</i> b. (Middle) <i>ARCHIBALD</i> c. (Last) <i>TOWNT</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 15 53</i>
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 22 - 1870</i>	9. AGE (In years last birthday) <i>82</i> or UNDER 1 YEAR Months <i>1</i> Days <i>23</i> or UNDER 24 HOURS Hours <i>1</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Jazzell County Virginia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Jack Town</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Buchanan</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Gordon Shuler</i>	ADDRESS <i>Jamestown</i>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia</i>		
	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 <i>490X</i>	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 *Jan 3*, 1953, to *Jan 5*, 1953, that I last saw the deceased alive on *Jan 15*, 1953, and that death occurred at *4:20 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J.B. Bailey</i>	(Degree or title) <i>D.O.</i>	23b. ADDRESS <i>Jamestown Mo</i>	23c. DATE SIGNED <i>2-5-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 18 - 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Grove</i>	24d. LOCATION (City, town, or county) (State) <i>Sampson Mo</i>
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DATE REC'D BY LOCAL REG. <i>10 Feb. 1953</i>	REGISTRAR'S SIGNATURE <i>Tugene M Engelhart</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>L. P. Robinson</i>	ADDRESS <i>Jamestown Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *A. L. Roberson*

Licensed Embalmer No. *3244*

P. O. Address *Jonesport me.*

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.