

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10443**

FILED MAR 24 1953

S. No. 300
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5638</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bates City - Rural</u>		c. LENGTH OF STAY (In this place) <u>12 yr 5</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bates City - Rural - Smith</u>		Twp <u>0540</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi south. Smith Bldg</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi south</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>B</u> c. (Last) <u>Townsend</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar - 17 - 1953</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept - 8 - 1881</u>		9. AGE (In years last birthday) <u>71</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Granby Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Townsend</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Wantland</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Townsend</u>				
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 ADDRESS <u>Daisy Townsend Bates City - Mo</u>						
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 <u>3 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				DUE TO (b) _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 <u>Jan 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach</u>				151X		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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Nov</u> , 19 <u>49</u> to <u>Jan 16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>53</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John W. Williams</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Oak Grove MO</u>		23c. DATE SIGNED <u>3-18-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar - 14 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord</u>		24d. LOCATION (City, town, or county) (State) <u>Bates City - RFD. Mo</u>				
DATE REC'D BY LOCAL REG. <u>3-18-1953</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u>		ADDRESS <u>Oak Grove Mo</u>			

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

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 RB Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.