

XC16 878 624

R.#106 868

FILED APR 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12880

State File No.

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>993</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>UNION</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u> | | c. LENGTH OF STAY (In this place) <u>118 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANNA</u> | | <u>8120</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>508 NORTH MAIN STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RUSSELL</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>TOWNSEND</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-53</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>12-5-84</u> | |
| 9. AGE (In years last birthday) <u>68</u> | | # UNDER 1 YEAR Months | | # UNDER 1 YEAR Days | | # UNDER 1 MIN. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTORNEY</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>COBDEN, ILLINOIS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>WILLIAM E. TOWNSEND</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARGARET E. SUTTON</u> | | 14. NAME OF HUSBAND OR WIFE <u>MYRTLE TOWNSEND</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWI</u> | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BKS, MO.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> | | ANTECEDENT CAUSES | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | 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 | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u> | | 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) <u>VA</u> | | 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>11-29-52</u> , 19 <u>52</u> , to <u>3-27-53</u> , 19 <u>53</u> , and I have seen the deceased <u>YALSONXXXXXXXXXXXXXX</u> , and that death occurred at <u>1:50P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert C. Hoppe</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS, MO.</u> | | 23c. DATE SIGNED <u>3-27-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>3-28-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>COBDEN</u> | | 24d. LOCATION (City, town, or county) (State) <u>COBDEN, ILLINOIS</u> | |
| DATE REC'D BY LOCAL REG. <u>3-28-53</u> | | REGISTRAR'S SIGNATURE <u>Nesbet R. Domb</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SOUTHERN FUNERAL HOME</u> <u>6022 S. GRAND BLVD.</u> <u>ST. LOUIS 11, MO.</u> | | | |

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

4090

JUN 28 1954

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

David Van Poyson

Licensed Embalmer No. *4242*

P. O. Address *632nd Grand.*

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.