No. 300
10.48

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

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18836

FILED JUN 11 1953

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Benton Township
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Benton township 0760
d. STREET ADDRESS (If rural, give location): RFD 0

3. NAME OF DECEASED (Type or Print): a. (First) MOSES b. (Middle) MANN c. (Last) TOWNLEY

4. DATE OF DEATH: (Month) MAY (Day) 31, (Year) 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 28 Oct 1870
9. AGE (In years last birthday): 82. If under 1 year: Months 7 Days 3. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Chamois, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Moses M. Townley
13b. MOTHER'S MAIDEN NAME: Sarah Jane Dodds
14. NAME OF HUSBAND OR WIFE: Helen Gungoll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Moses W. Townley Chamois, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart failure
DUE TO (c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4280
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? AM 31

22. *I hereby certify that I attended the deceased from* _____, 1946, *to* ~~June 3rd~~, 1953, *that I last saw the deceased alive on* May 31, 1953 *and that death occurred at* 7 20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Laurence Everett Coffman D.O.
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3 June 1953
24c. NAME OF CEMETERY OR CREMATORY: Townley Cemetery
24d. LOCATION (City, town, or county) (State): Osage County, Mo.

DATE REC'D BY LOCAL REG.: 6/6/53
REGISTRAR'S SIGNATURE: Anna Moran 448
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Morton Funeral Home, Linn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon M. Norton

Licensed Embalmer No. 4125

P. O. Address Linn 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.