

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

State File No. **29188**

No. 300
10-48

540

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

| | | | | |
|---|-------------------------------|--|-------------------------------------|--|
| FILED AUG 19 1953 | | REG. DIST. NO. <u>171</u> | PRIMARY REG. DIST. NO. <u>3639</u> | Registrar's No. _____ |
| 1. PLACE OF DEATH a. COUNTY Lafayette | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twns | | c. LENGTH OF STAY (In this place) 30 Yrs | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twns | | |
| | | d. STREET ADDRESS (If rural, give location) 8 MI N E of Odessa | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Austin | | b. (Middle) Burke | | c. (Last) Townley |
| 4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1953 | | | | |
| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH May 7, 1876 | 9. AGE (In years last birthday) 77 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Osage Co., Mo. |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Mel Townley | | |
| | | 13b. MOTHER'S MAIDEN NAME Amanda Hull | | 14. NAME OF HUSBAND OR WIFE None |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Gouge, Jefferson City |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure | | INTERVAL BETWEEN ONSET AND DEATH | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES failure | | |
| | | DUE TO (b) Mypcarditis | | |
| | | 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 no surgery | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) M | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222 |
| 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 Aug 1, 1953 to Aug 11, 1953 , that I last saw the deceased alive on Aug 9, 1953 , and that death occurred at 11A m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) W. C. Martin MD | | 23b. ADDRESS Odessa Mo | | 23c. DATE SIGNED Aug. 12/1953 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug. 13, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery |
| | | | | 24d. LOCATION (City, town, or county) (State) Odessa, Missouri |
| DATE REC'D BY LOCAL REG. Aug. 12, 1953 | | REGISTRAR'S SIGNATURE Emma Davidson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Spars Odessa, 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 *John D. Homan*

Licensed Embalmer No. 7541

P. O. Address *Osborn 9nd*

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.