

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 3 - 1956

BIRTH NO. _____		REG. DIST., NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bethany</u>		c. LENGTH OF STAY (in this place) township) <u>1 Month</u>		c. CITY OR TOWN <u>Gallatin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u>				STREET ADDRESS (If rural, give location) <u>---</u> <span style="float: right;"><u>0319</u></span>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Luther</u>		b. (Middle) <u>Milton</u>		c. (Last) <u>Townsend</u>	
4. DATE OF DEATH		(Month) <u>December</u>		(Day) <u>22</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 14 1876</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ 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 <u>Farm Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bond Co., Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Preston Townsend</u>		13b. MOTHER'S MAIDEN NAME <u>Talitha Lake</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Townsend (Dec'd)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-32-3603</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Townsend, Gallatin, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION.				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left ventricular failure</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				<u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerosis</u>				<u>2 mo.</u>	
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>4331</u>		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 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) _____		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 23, 1953</u> , to <u>Dec 22, 1955</u> , that I last saw the deceased alive on <u>Dec 20, 1955</u> , and that death occurred at <u>8:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Miriam Gearhart</u> (Degree or title) _____				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>1/24/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-24-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lick Fork Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Daviess County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-26-55</u>		REGISTRAR'S SIGNATURE <u>Zola Purvis</u> <u>116</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. O. ...</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN

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.....  
Signature of Student Embalmer

Signed *L. O. Dickerson*.....

Licensed Embalmer No. *330*.....

P. O. Address *Fallston*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.