

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41265

State File No.

| | | | | | | | | |
|--|--|---|---|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>181</u> | | PRIMARY REG. DIST. NO. <u>5677</u> | | Registrar's No. <u>40</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural (Union Twp.)</u> | | | c. LENGTH OF STAY (in this place) <u>Life</u> | | c. CITY OR TOWN <u>Silex</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Residence</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Rural (Union Twp.) 0570</u> | | | | |
| 3. NAME OF DECEASED a. (First) <u>Joahanna</u> | | | b. (Middle) _____ | | c. (Last) <u>Townsend</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1955</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Feb. 25, 1980</u> | | |
| 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Joseph Koster</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Edith Phoff</u> | | 14. NAME OF HUSBAND OR WIFE <u>H. Clinton Townsend</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. C. Townsend Silex, Missouri.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Hypertension</u> | | |
| | | | | DUE TO (c) <u>331x</u> | | DUE TO (c) <u>331x</u> | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Hypertrophy</u> | | | | |
| 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>April 11, 1952</u> to <u>Nov-21, 1955</u> , that I last saw the deceased alive on <u>Nov. 21, 1955</u> , and that death occurred at <u>9:50A</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>R. M. Penn. M. D.</u> | | | | 23b. ADDRESS <u>Silex Mo.</u> | | 23c. DATE SIGNED <u>Nov. 22-55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/23/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St Alphonsus Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lincoln County, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>12/26/55</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper Funeral Home Troy, Missouri.</u> | | | | |

(Licensed Embalmers' Statement on Reverse Side)

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, ~~XXX~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Joseph J. Marsh*
Licensed Embalmer No... 3932

P. O. Address Troy, Missc

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.