

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9778**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY <b>Macon County, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon, Hudson Twnp</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Still-Hildreth Sanatorium</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elwood</b>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<b>Chester</b>	<b>Earl</b>	<b>Townsend</b>	<b>March</b>	<b>3</b>	<b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 20, 1888</b>	9. AGE (In years last birthday) <b>67</b>	10. IF UNDER 1 YEAR Months <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Switchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mankato, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>

13a. FATHER'S NAME <b>Jesse Townsend</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Drette</b>	14. NAME OF HUSBAND OR WIFE <b>Teresa Townsend</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Teresa Townsend, Elwood, Kan.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>		
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombotic encephalomalacia</b> DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>congestive heart failure and acute psychotic reaction</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332x</b>	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 **March 1, 1956**, to **March 3, 1956**, that I last saw the deceased alive on **March 3, 1956**, and that death occurred at **2:35 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or Heir) <b>Nancy S. Still D.O.</b>	23b. ADDRESS <b>Macon, Missouri</b>	23c. DATE SIGNED <b>Mar. 3, 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 6, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clark Funeral Home, St. Joseph, Mo.</b>
DATE REC'D BY LOCAL REG. <b>3/23/56</b>	REGISTRAR'S SIGNATURE <b>Ruth Mueely</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1958

JUN 28 1958

MAR 27 1958

RECEIVED  
MAGON COUNTY HEALTH DEPARTMENT  
County File No. 53-16-48  
Date Filed 3-26-56

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

*R. Lester Bran*

Licensed Embalmer No. 4472

P. O. Address. *Macon, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.