

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15462

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u> c. LENGTH OF STAY (In this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tarkio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>THOMAS</u> b. (Middle) <u>*</u> c. (Last) <u>TOWNSEND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 11, 1871</u>
9. AGE (In years last birthday) <u>84</u> <u>4</u> <u>22</u>		10. KIND OF BUSINESS OR INDUSTRY <u>used furniture</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret'd merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S</u>		13a. FATHER'S NAME <u>Evan Townsend</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Beason</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Townsend</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Minnie Townsend</u>		ADDRESS <u>Rock Port, Mo.</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>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerotic cardio-vascular disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443x</u>	
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) (Minute)	
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>11/29/51</u> , 19 <u>51</u> , to <u>5/3/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/3/56</u> , 19 <u>56</u> , and that death occurred at <u>2:15p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ch. Widemeyer M.D.</u>		23b. ADDRESS <u>Tarkio, Mo.</u>	
23c. DATE SIGNED <u>5/4/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>5/5/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetary</u>	
24d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>		DATE REC'D BY LOCAL REG. <u>May 22, 1956</u>	
REGISTRAR'S SIGNATURE <u>Harvin J. Schuler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral Home</u>	
ADDRESS <u>Tarkio, Mo.</u>		ADDRESS <u>Tarkio, Mo.</u>	

(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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Markio, Mo.

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

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