

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25290

State File No.

FILED JUL 20 1956

6243

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 86 days	c. CITY OR TOWN Carbondale
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 616 N. Allyn		(If rural, give location) 8120	

3. NAME OF DECEASED (Type or Print)	a. (First) Herbert	b. (Middle) Lee	c. (Last) Townes	4. DATE OF DEATH (Month) (Day) (Year) June 25, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 20, 1883	9. AGE (In years) (If under 1 year, give Months) (If under 24 hrs., give Hours) (Min) 73 3 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express messenger Railway Express Agency, Warsaw, Mo.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Townes	13b. MOTHER'S MAIDEN NAME Margaret Stowers	14. NAME OF HUSBAND OR WIFE (deceased) Lola Townes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 712-14-9312	17. INFORMANT'S SIGNATURE OR NAME Margaret Hill (Daughter)	ADDRESS Carbondale, Ill.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus		INTERVAL BETWEEN ONSET AND DEATH Sept 1955
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 4/3/56	19b. MAJOR FINDINGS OF OPERATION Riprap of Esophagus	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Carbondale, Jackson, Ill.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/31, 1956** to **6/25, 1956**, that I last saw the deceased alive on **6/24, 1956** and that death occurred at **7:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE John T. Vandover	(Degree or title)	23b. ADDRESS 1755 St. Paul Blvd	23c. DATE SIGNED 6/25/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/27/56	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Carbondale, Illinois
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DATE REC'D BY LOCAL REG. JUL 3 1956	REGISTRAR'S SIGNATURE J. Paul Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Joe F. Van Natta	ADDRESS Carbondale, Ill.
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M.D.B. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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, or by Joe F. Van Natta, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joe F. Van Natta

Licensed Embalmer No. 2897

P. O. Address Carbondale, IL

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.