

Health,  
Welfare  
Public  
Service

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1469  
STATE FILE NUMBER  
77  
Registrar's No.

FILED JAN 27 1958

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3735 TRACY ST.</b>		Length of stay in 1b <b>70 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>3735 TRACY STREET</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>ALBERT</b> Last <b>TOWNSLEY</b>			4. DATE OF DEATH Month <b>JAN.</b> Day <b>3</b> Year <b>1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 12, 1871</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>THEATER - NEWS PAPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WESTPORT THEATRE</b>		11. BIRTHPLACE (City and state or country) <b>Boonville, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>UNKNOWN TOWNSLEY</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>MARGARET TOWNSLEY</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>-</b>	
17. INFORMANT <b>RALPH C. TOWNSLEY</b>		Address <b>3735 TRACY AVENUE KANSAS CITY, MO.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>Generalized + Cerebral Arteriosclerosis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>12.31.57</b> to <b>1.3.58</b> and last saw him alive on <b>1.3.58</b> Death occurred at <b>4:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Arpyle Bldg. N.C. Mo</b>		22c. DATE SIGNED <b>1.4.58</b>	
23a. BURIAL, CREMATION, REMOVAL - (Specify) <b>BURIAL</b>		23b. DATE <b>JAN. 6. 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY</b>		23e. STATE <b>MISSOURI</b>		24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS,</b>	
ADDRESS <b>KANSAS CITY, MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>1-6-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Ira C. Layton  
All diseases in Part I must be causally related.

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 *Bern Lawler* .....

Licensed Embalmer No. *4915* .....  
P. O. Address *47 E 32<sup>nd</sup> St. Ke.* .....

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.