

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014497

STATE FILE NUMBER

1660

FILED APR 22 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1660

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1308 Genl.</i>		d. STREET ADDRESS (If outside, give location) <i>1308 Penn.</i>	
Length of stay in lb <i>25 yrs.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>L.</i> Last <i>TOWNSEND</i>			4. DATE OF DEATH Month <i>3</i> Day <i>29</i> Year <i>58</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 4, 1902</i>	9. AGE (In years last birthday) <i>56</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bellman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Phillips Hotel</i>	11. BIRTHPLACE (City and state or country) <i>Brockenridge, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Levi Townsend</i>	13b. MOTHER'S MAIDEN NAME <i>Alva Etta Laws</i>	14. NAME OF HUSBAND OR WIFE <i>Flossie T. Townsend</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give dates of service) <i>Yes W.W.I.</i>	16. SOCIAL SECURITY NO. <i>487-26-7789</i>	17. INFORMANT <i>Flossie Townsend - 1308 Penn.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Metastatic Cancer of Colon and Wm. bladder</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<i>1992</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT WORK <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 <i>1956 3/29/58</i>	COUNTY <i>19:28 A.M.</i>	STATE <i>3/28/58</i>
21. I attended the deceased from Death occurred <i>1956 3/29/58</i> and last saw him alive on <i>3/28/58</i> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Walter P. Jacob</i>		22b. ADDRESS <i>701 E 63 St</i>	22c. DATE SIGNED <i>3/30/58</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	23b. DATE <i>3-31-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Grt Olivet</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
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24. FUNERAL DIRECTOR <i>Melody - Kelly - Eyer, 1800 E. Lincoln</i>	25. DATE RECD. BY LOCAL REG. <i>3-30-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshel</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Walter P. Jacob

*Fin Davis, G. Proc.  
69, 1 21.*

*Out of Town, Hill  
Teacher standing by*

**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 <sup>PK</sup>  .....

Licensed Embalmer No. <sup>2999</sup> .....  
P. O. Address <sup>KC</sup> .....

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.