Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035586
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1108

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Methodist Hospital — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1716 North 3rd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: James Middle: Blaine Last: Townsend
4. DATE OF DEATH Month: Oct Day: 15 Year: 1958
5. SEX Male
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept 12, 1883
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Andrew Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John F. Townsend
13b. MOTHER'S MAIDEN NAME Emily Harris
14. NAME OF HUSBAND OR WIFE Mary Ellen Townsend
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-09-5733
17. INFORMANT Mrs. Mary E. Townsend — Address 1716 N. 3rd St. Joseph

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, general
DUE TO (c) Hypertensive Arteriosclerotic Cardiovascular disease
INTERVAL BETWEEN ONSET AND DEATH 36 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-30-58, to 10-15-58 and last saw her/him alive on 10-15-58
Death occurred at 6:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. C. Grant (Degree or title) MD
22b. ADDRESS St. Joseph, Mo
22c. DATE SIGNED 10.15.58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct 15, 1958
23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery
23d. LOCATION (City, town, or county) (State) Fillmore, Missouri

24. FUNERAL DIRECTOR Breit Funeral Home, Savannah — ADDRESS
25. DATE RECD. BY LOCAL REG. Oct. 17, 1958
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. may use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. C.S. Grant

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 James P. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.