

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044451  
STATE FILE NUMBER  
6220

FILED JAN 14 1958 Registration District No. 148 Primary Registration District No. 1022 Registrar's No. 6220

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY          |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN KANSAS CITY<br>580                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 3402 Drury |  | Length of stay in 1b<br>30 yrs.  | d. STREET ADDRESS (If outside, give location)<br>3402 Drury |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First MIDDLE Last<br>SALLIE TOWNS |  |  | 4. DATE OF DEATH<br>Month Day Year<br>December 27, 1958 |  |  |
|--|--|--|---|--|--|

|                  |                           |   |                                   |                                       |                                |                                |
|------------------|---------------------------|---|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| 5. SEX<br>Female | 6. COLOR OR RACE<br>Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>July 10, 1899 | 9. AGE (In years last birthday)<br>59 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|------------------|---------------------------|---|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------|

|  |                                   |   |                                     |
|--|-----------------------------------|---|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br>Little Rock, Arkansas | 12. CITIZEN OF WHAT COUNTRY?<br>USA |
|--|-----------------------------------|---|-------------------------------------|

|                                  |                                      |  |
|----------------------------------|--------------------------------------|--|
| 13a. FATHER'S NAME<br>Alex Simms | 13b. MOTHER'S MAIDEN NAME<br>Unknown | 14. NAME OF HUSBAND OR WIFE<br>Harry Towns |
|----------------------------------|--------------------------------------|--|

|   |                                 |   |
|---|---------------------------------|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no | 16. SOCIAL SECURITY NO.<br>None | 17. INFORMANT Address<br>Rev. F. D. Robinson 5120 E. 31th St. |
|---|---------------------------------|---|

|  |  |   |
|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Pulmonary Congestion</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>11-5-1  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Myocardial Insufficiency</u> |   |
|  | DUE TO (c) <u>Arteriosclerosis</u>         |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Obesity - Senility</u>     |  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.   | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |
| 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |  |  |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><u>Deputy Coronor</u> | 22b. ADDRESS<br><u>1618 Lydia Ave</u> | 22c. DATE SIGNED<br><u>12/30/58</u> |
|---|---------------------------------------|-------------------------------------|

|  |                       |  |   |
|--|-----------------------|--|---|
| 23a. BURIAL, CREMATION, etc. (Specify)<br>Burial | 23b. DATE<br>12-31-58 | 23c. NAME OF CEMETERY OR CREMATORY<br>Highland | 23d. LOCATION (City, town, or county) (State)<br>Kans. City, Missouri |
|--|-----------------------|--|---|

|  |  |  |
|--|--|--|
| 24. FUNERAL DIRECTOR<br>Watkins Bros. Funeral Home 18th & Benton | 25. DATE RECD. BY LOCAL REG.<br>12.30.58 | 26. REGISTRAR'S SIGNATURE<br><u>new minshall</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

All diseases in Part I must be causally related. MEDICAL CERTIFICATION

300  
1-57

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 Dean P. Watkins .....

Licensed Embalmer No. 4500 .....

P. O. Address 18th & Bent .....

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.