

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002697

FILED VS JAN 17 1961

Registration District No. 305 Primary Registration District No. 4452 Registrar's No. 3

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Charles (Commission))		
b. CITY (If outside corporate limits, give TOWNSHIP only) Wentzville		Length of stay in 1b ?	c. CITY OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. crossing & Linn Ave			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 27 Boles Ave.	
3. NAME OF DECEASED (Type or print) First Dorothy Middle Fern Last Townsend			4. DATE OF DEATH Month Jan. Day 7 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/30/1939	9. AGE (last birthday) 20 2/3	IF UNDER 1 YEAR Months 3 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Gaywood Mfg. Co.	11. BIRTHPLACE (City and state or country) Belleflower, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Paul Mc Cullough		13b. MOTHER'S MAIDEN NAME Virginia Gregory		14. NAME OF HUSBAND OR WIFE Leon Olen Townsend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT Leon O. Townsend Address Wentzville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Complete severance of spinal cord					
DUE TO (b) fracture of seventh & eighth cervical vertebrae					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severance of all vital blood vessels					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Passenger train collided with automobile which deceased was driving			
20c. TIME OF INJURY Hour 9:55 a.m. xxx Month, Day, Year 1/7/61					
20d. INJURY OCCURRED WHILE AT WORK <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.) So. Main & Linn Ave.	20f. CITY, TOWN, OR LOCATION Wentzville	COUNTY St. Charles	STATE Mo.
21. I attended the deceased from Held inquest to on 1/12/61 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 <i>Frank R. Amal...</i> (Degree or title) Coroner			22b. ADDRESS St. Charles, Mo. 12 Cunningham Court		22c. DATE SIGNED 1/12/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/10/1961	23c. NAME OF CEMETERY OR CREMATORY Belleflower Cemetery		23d. LOCATION (City, town, or county) Belleflower Mo.
24. FUNERAL DIRECTOR T. J. Pitman		ADDRESS Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. Jan 14 1961	26. REGISTRAR'S SIGNATURE <i>Mark F. Puff</i>

JAN 20 1961

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo

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.