

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017834

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Frank Ellis

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2110 STATE FILE NUMBER

**FILED MAY 17 1961**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City 39<sup>th</sup> & 39<sup>th</sup> Ave Length of stay in lb 39  
 c. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2303 East 16<sup>th</sup> Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Annie Middle Townsend Last Townsend 4. DATE OF DEATH Month 4 Day 27 Year 61

5. SEX female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1-28-06 9. AGE (last birthday) 61

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Club 10b. KIND OF BUSINESS OR INDUSTRY Electric, Ala. 11. BIRTHPLACE (City and state or country) U.S. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Edd Townsend 13b. MOTHER'S MAIDEN NAME Lummie Robinson 14. NAME OF HUSBAND OR WIFE None

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 Address Mrs. Eddie Stykes, Detroit, Mich.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Carcinoma of the colon & general metastases INTERVAL BETWEEN ONSET AND DEATH  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia, malnutrition, dehydration 2<sup>nd</sup> to carcinoma PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 \_\_\_\_\_ 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 3-29-61 to 4-27-61 and last saw her <sup>her</sup> alive on 4-27-61  
 Death occurred on 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 4-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4/29/61 23c. NAME OF CEMETERY OR CREMATORY Electric Cemetery 23d. LOCATION (City, town, or county) Electric, Elmore, Ala.

24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 4-28-61 26. REGISTRAR'S SIGNATURE Ruth Long

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**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 John R. Dickson  
Licensed Embalmer No. 453  
P. O. Address Kansas

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.

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