

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36324

BIRTH NO. 70353-49 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 287

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia Mo.</u>		c. CITY OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>103 Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home 103 Hill St.</u>			

3. NAME OF DECEASED (Type or Print) <u>Washington</u>	a. (First) <u>Leon</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>WASHINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>No</u>	8. DATE OF BIRTH <u>10-28-49</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u>8</u> Min. <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>8 hr. alet.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>103 Hill Columbia</u>	11. BIRTHPLACE* (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>Mo</u>
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13a. FATHER'S NAME <u>Leon Washington</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Baby 8 hrs old</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Washington</u> ADDRESS <u>Columbia</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few mins</u> <u>8 hrs</u> <u>7625</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>illness</u>		
	DUE TO (c) <u>Did not say baby more than one hr after which</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>10-28-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>home</u> m.	21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WORK <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from not at all, 1949, that I last saw the deceased alive on 10-28, 1949, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.D. Bryant</u>	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>10-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McDane</u>	24d. LOCATION (City, town, or county) (State) <u>McDane Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 26 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>31 Leon Washington</u> ADDRESS <u>103 Hill</u>
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District File Number _____
District Health Officer No. 9,
RECEIVED DEC 5 1919

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.

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.