

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1951

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0105	
c. LENGTH OF STAY (in this place) 4202-6		d. STREET ADDRESS (If rural, give location) 426 N. Barth Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 426 N. Barth Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) Washington c. (Last) Washington		4. DATE OF DEATH (Month) (Day) (Year) 1 20 1951	
5. SEX Male	6. COLOR OR RACE 2 Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 10, 1876
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Coal Miner - Retired	11. BIRTHPLACE (State or foreign country) Boone Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Rick Washington	
13b. MOTHER'S MAIDEN NAME Ellen Washington		14. NAME OF HUSBAND OR WIFE Eva Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Eva Washington		ADDRESS Columbia	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) Age & Senile dementia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		INTERVAL BETWEEN ONSET AND DEATH No
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Jan 17, 1951** to **1/17, 1951**, that I last saw the deceased alive on **1/17, 1951**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm G. Steubert (Degree or title)	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 1/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) 0	24b. DATE 1-22-1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem
24d. LOCATION (City, town, or county) (State) Columbia Mo		

DATE REC'D BY LOCAL REG Jan 22, 1951		REGISTRAR'S SIGNATURE Mrs. R. E. Palmex		25. FUNERAL DIRECTOR'S SIGNATURE Brown Freeman Funeral Home ADDRESS Columbia Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-29-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-29-51

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed A.C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia 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 this body is not embalmed, fact should be so stated above.