No. 300
10-48

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7164

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 30M Registrar's No. 12

6971
1

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
d. STREET ADDRESS (If rural, give location):

6971
2

3. NAME OF DECEASED (Type or Print)
a. (First): Bud
b. (Middle):
c. (Last): Washington

4. DATE OF DEATH (Month) March (Day) 9 (Year) 1951

5. SEX: male 2
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May, 5th 1874
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 9, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired pensioner
10b. KIND OF BUSINESS OR INDUSTRY: no
11. BIRTHPLACE (State or foreign country): Green Co. Va. 1
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Allen Wright
13b. MOTHER'S MAIDEN NAME: Loueasia Piper
14. NAME OF HUSBAND OR WIFE: widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Albert Wright — ADDRESS: Slater, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Alcoholism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possibly some heart
DUE TO (c) Conditions —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3240

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* made in vestigation March *19*__, *to* 9 *, 19*51*, that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* 9a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless Coroner Saline Co.
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 3-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-11-51
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Cambridge
24d. LOCATION (City, town, or county): Gilliam (State): Mo

DATE REC'D BY LOCAL REG.: 3/11/51
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE: Hill Brothers — ADDRESS: Slater, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-12-51

DISTRICT HEALTH OFFICE No. 3

District File

District File Number

Date Filed 3-12-51

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~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.