

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7181

State File No.

FILED FEB 20 1951

No. 300
10.48

970

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

BIRTH NO. _____		REG. DIST. NO. <u>1323</u>		PRIMARY REG. DIST. NO. <u>4773</u>		Registrar's No. <u>5</u>		
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.)				
a. COUNTY <u>Saline</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Rafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Blackburn</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blackburn</u>		OR TOWN <u>0970</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>P</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Matie</u>			b. (Middle) <u>O</u>		
			c. (Last) <u>Washburn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 7, 1866</u>		
						9. AGE (In years last birthday) <u>84</u>		
						IF UNDER 1 YEAR <u>9</u> Months		
						IF UNDER 2 HRS. <u>3</u> Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTH PLACE (State or foreign country) <u>Blackburn, Mo</u>		
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Maxson Owens</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Wales</u>			14. NAME OF HUSBAND OR WIFE <u>Albert Washburn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Henry King Blackburn</u>				
				ADDRESS <u>Blackburn Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular and Stroke</u>				
				ANTECEDENT CAUSES <u>Arterio sclerosis general</u>				
				*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
				DUE TO (b) <u>7.</u>				
				DUE TO (c) <u>442 X</u>				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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) (m.)		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 <u>June 15, 1950, to Feb 10, 1951</u>, that I last saw the deceased alive on <u>Feb 9, 1951</u>, and that death occurred at <u>3:00 P.M.</u>, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Douglas Kelling, M.D.</u>				23b. ADDRESS <u>Waverly, Mo</u>		23c. DATE SIGNED <u>2/10/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blackburn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Blackburn Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/13/51</u>		REGISTRAR'S SIGNATURE <u>293</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Minersberger</u>				
				ADDRESS <u>Blackburn Mo</u>				

APR 11 1951

RECEIVED 2-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-19-51

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 Roy F. Wiegans

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.