

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36472

State File No. \_\_\_\_\_

FILED DEC 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1205

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (in this place) <u>4 2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2711 Mary Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>William</u> a. (First) <u>Washington</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>11 21 1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-10-1880</u>		9. AGE (In years last birthday) <u>71</u>		10. F UNDER 1 YEAR Months <u>1</u> Days		11. F UNDER 1 HR. Hours <u>1</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>TAVERN</u>			11. BIRTHPLACE (State or foreign country) <u>Carrollton - Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
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13a. FATHER'S NAME <u>Wash Washington</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Washington</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-10-7356</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna K. Batchelor</u> ADDRESS <u>K. C. Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</u>		Antecedent Causes <u>Arterio Sclerosis General &amp; Coronary.</u>				<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arterio Sclerosis General &amp; Coronary.</u>				<u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <u>Arricular fibrillation</u>				<u>6 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 Oct-3, 1951, to Nov-21, 1951, that I last saw the deceased alive on Nov-21, 1951, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. R. Howden M.D.</u>		23b. ADDRESS <u>620. Main St.</u>		23c. DATE SIGNED <u>11-24-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11 26 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City; town, or county) (State) <u>St. Joseph Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Nov. 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casup</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u> ADDRESS <u>St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

**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..... *Wm H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph, 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.