

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8630

State File No.

1075

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) About 17 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1841 Kansas Ave.		d. STREET ADDRESS (If rural, give location) 1841 Kansas Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) HERBERT b. (Middle) WASHINGTON c. (Last) WASHINGTON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 29, 1952		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Extra Gang	10b. KIND OF BUSINESS OR INDUSTRY Reek Island R.R.	11. BIRTHPLACE (State or foreign country) Mobile, Ala.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Washington	13b. MOTHER'S MAIDEN NAME Mattie Jones	14. NAME OF HUSBAND OR WIFE Mary Lou Washington
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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) No	16. SOCIAL SECURITY NO. 510-05-1952	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lurleen Riley - 1841 Kansas Ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4500
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Dilatation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Paternal sclerosis		
DUE TO (c) Paternal sclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to the disease or condition leading to death. Paternal sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Edema	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones MD (Degree or title)	23b. ADDRESS 1612 E 12th	23c. DATE SIGNED 3/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/6/52	24c. NAME OF CEMETERY OR CREMATORY Blus Ridge Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 3-6-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE E. Steinhilber	ADDRESS 2212 Vine
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Sterling Bill

Signed.....
Student Embalmer

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas City, 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.