

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31048

State File No. ....

 FILED SEP 23 1952  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLEVER</u>		c. LENGTH OF STAY (In this place) <u>10 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CLEVER</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>WASHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 4 1952</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>JAN. 1 - 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours	IF UNDER 1 Min.
-------------------------	----------------------------------	--	--	--	---------------------------	--------------------------	---------------------------	-----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>GREENE CO., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	--	--	---

13a. FATHER'S NAME <u>WILLIAM WOODWORTH</u>		13b. MOTHER'S MAIDEN NAME <u>JANE JULIAN</u>		14. NAME OF HUSBAND OR WIFE <u>METHIAS S. WASHAM</u>	
--	--	---	--	---	--

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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GLEN WASHAM, CLEVER, MISSOURI</u>		
---	--	--	---	--	--

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) <u>Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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 <u>4500</u>		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) (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 October, 1950, to Sept, 1952, that I last saw the deceased alive on 4 Sept, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Karl J. Leidinger, Jr. M.D.</u>		23b. ADDRESS <u>Republic, Mo.</u>		23c. DATE SIGNED <u>4 Sept 52</u>	
--	--	--------------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WISE HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CLEVER, MISSOURI</u>		
--	----------------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <u>Sept. 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Aline Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Alan Harris, Clever, Mo.</u>	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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..... *John Alan Harris*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4390*

P. O. Address *Cleves, 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.