

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9141**

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **5244** Registrar's No. **24**

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

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Chariton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamden Cockrell Twp		c. LENGTH OF STAY (In this place) 63 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamden Cockrell twp.		d. STREET ADDRESS (If rural, give location) R#1
d. FULL NAME OF HOSPITAL OR INSTITUTION none			d. STREET ADDRESS (If rural, give location) 0210		
3. NAME OF DECEASED (Type or Print) a. (First) Octavia			b. (Middle) Washam	c. (Last) Washam	4. DATE OF DEATH (Month) (Day) (Year) March 22 1953
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 16, 1889		9. AGE (In years last birthday) Months Days Hours Mins. 63 9 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Chariton Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Elliott Young		13b. MOTHER'S MAIDEN NAME Louise VanKirk		14. NAME OF HUSBAND OR WIFE Milton Washam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maxine Washam, Hamden, 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, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma, right lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma, right breast DUE TO (b) DUE TO (c) none		INTERVAL BETWEEN ONSET AND DEATH 3 yrs (?)
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X			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 Jan 13, 1953 , to March 22, 1953 , that I last saw the deceased alive on March 19, 1953 , and that death occurred at 11:55 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. L. Sims - MD			23b. ADDRESS Salsbery Mo		23c. DATE SIGNED 3-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/25/1953	24c. NAME OF CEMETERY OR CREMATORY Fitzgerald		24d. LOCATION (City, town, or county) (State) Near Hamden, Mo	
DATE REC'D BY LOCAL REG. 3-23-53	REGISTRAR'S SIGNATURE W. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James McLaughlin, Marceline, Mo.		

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 Blanche M Laughlin

Licensed Embalmer No. 1909

P. O. Address Marquette

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.