

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35205

FILED OCT 26 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY CALLAWAY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALLAWAY 9/7/04		
b. CITY (If outside corporate limits, write RURAL and give town or township) FULTON MISSOURI		c. LENGTH OF TIME (In this place) 78 Yrs	c. CITY OR TOWN FULTON MISSOURI		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) STATE HOSPITAL NO 1.			e. STREET ADDRESS (If rural, give location) 0143		
3. NAME OF DECEASED (Type or Print) a. (First) JANE		b. (Middle)	c. (Last) WASHINGTON	4. DATE OF DEATH (Month) (Day) (Year) OCT 21 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec 20 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 10 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Teaching school	11. BIRTHPLACE (City and State or Foreign Country) Callaway County MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Not Given		13b. MOTHER'S MAIDEN NAME Not Given		14. NAME OF HUSBAND OR WIFE None Given	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS Fulton Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Generalized Cancer, through the Body			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Cancer, through the Body		INTERVAL BETWEEN ONSET AND DEATH 3 Yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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			20. AUTOPSY? YES <input 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) 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 Sept 7- 53 to Oct 21, 53 , that I last saw the deceased alive on Sept 20, 1953 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) J Henry Fowler			23b. ADDRESS Fulton Missouri		23c. DATE SIGNED 10/21/53
24a. BURIAL, CREMATION, OR TOMB REMOVAL (Specify) Burial		24b. DATE Oct 27, 53	24c. NAME OF CEMETERY OR CREMATORY Old Annapolis	24d. LOCATION (City, town, or county) (State) Callaway County Mo	
DATE REC'D BY LOCAL REG. Oct 24-1953		REGISTRAR'S SIGNATURE Martha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Marvin J. ... ADDRESS Fulton		

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 255

P. O. Address. Fuller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.