

No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7418

State File No.

FILED FEB 18 1954
XC-UNK.
REG #116,727

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 351

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>Jersey</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JERSEVILLE</u>	
c. LENGTH OF STAY (Specify place) <u>2 DAYS</u>		8129	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>406 E. CARPENTER</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>W.</u>	c. (Last) <u>WASHBURN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2/7/54</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1/26/84</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>69 YRS</u>
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10a. USUAL OCCUPATION (Give kind of work unless most of working life, even if retired) <u>ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. GOVERNMENT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PEEVELS, OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>THOMAS WASHBURN</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET MC GOUN</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA WASHBURN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If Yes, give war or dates of service) <u>YES</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF BRKS, MO.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>ARTERIOSCLEROTIC HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>VA</u> 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 2/5/54 to 2/7/54, 1954, that I last saw the deceased alive on 2/5/54, and that death occurred at 7:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Milton H. Lincoln</u> M.D.	23b. ADDRESS <u>VET ADM HOSP, JEFF BRKS, MO.</u>	23c. DATE SIGNED <u>2/7/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>JERSEVILLE, ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>2-8-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donk M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JACOBY BROS., JERSEVILLE, ILLINOIS</u>
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54 (Licensed Embalmer's Statement on Reverse Side)

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

40000

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 Edouard P. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.