

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9302

State File No.

No. 300
10.48

560

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

BIRTH NO. FILED MAR 29 1954		REG. DIST. NO. 178	PRIMARY REG. DIST. NO. 4283	Registrar's No. 29
1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis		
b. CITY OR TOWN Ewing		c. CITY (If outside corporate limits, write RURAL and give township) Ewing OR TOWN 0560		
d. FULL NAME OF HOSPITAL OR INSTITUTION Ewing		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Joseph a. (First)		b. (Middle) William		c. (Last) Washburn
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 22 - 1862		9. AGE (in years last birthday) 91 if under 1 year: Months 7 Days 26 if under 12 hrs. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTH PLACE (City and State or Foreign Country) Dover, Mo.
12. CITIZEN OF WHAT COUNTRY? American		13a. FATHER'S NAME Joseph Washburn		
13b. MOTHER'S MAIDEN NAME Ellen Berry		14. NAME OF HUSBAND OR WIFE Sophia Washburn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Robert A. Willard ADDRESS
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) Anemia		INTERVAL BETWEEN ONSET AND DEATH 8 Days		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Urinary Hemorrhage		
DUE TO (c) Probable Prostatic Carcinoma (Unproven)				
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 177X		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 Aug 10, 1952 , to 17 Mar, 1954 , that I last saw the deceased alive on 15 Mar, 1954 , and that death occurred at POA m., from the causes and on the date stated above.				
23a. SIGNATURE John W. Wells (Degree or title) D.O.		23b. ADDRESS Lewistown Mo		23c. DATE SIGNED 19 Mar 54
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 19, 1954		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
		24d. LOCATION (City, town, or county) Ewing Lewis Co. Mo.		(State)
DATE REC'D BY LOCAL REG. 3-25-'54		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ball ADDRESS Ewing, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas Bell

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.