

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16971

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 105			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri COUNTY Randolph					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly Mo.		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill					
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				d. STREET ADDRESS (If rural, give location) XXXXXX					
3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle) Mae		c. (Last) Washam		4. DATE OF DEATH (Month) (Day) (Year) May 7 1954			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 9/11/1880			
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months		11. UNDER 1 Hrs. Hours		12. UNDER 1 Mins. Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) White Cloud, Kansas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John William Cook		13b. MOTHER'S MAIDEN NAME Sullivan		14. NAME OF HUSBAND OR WIFE John Washam					
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 Phillip Kemper		ADDRESS Moberly 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hepatitis, liver ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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 April 24, 1954, to May 7, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Phillip Kemper				(Degree or title)		23b. ADDRESS Moberly, Mo			
23c. DATE SIGNED May 7 54		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 9, 1954		24c. NAME OF CEMETERY OR CREMATORY McCurry			
24d. LOCATION (City, town, or county) (State) Marion Co		DATE REC'D BY LOCAL REG. 5/8/54		REGISTRAR'S SIGNATURE Leah Williams		25. FUNERAL DIRECTOR'S SIGNATURE Vivian Kemper			
				ADDRESS Madison					

(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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Mrs. Fred A. Kramer

Licensed Embalmer No. 2282

P. O. Address Madison

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.