

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5574

State File No.

FILED FEB 16 1955

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3243</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>613 S. 15th St</u>				e. STREET ADDRESS (If rural, give location) <u>613 S. 15th St 0640</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u>			b. (Middle) <u>Washington</u>		c. (Last) <u>Washington</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-30-55</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>		8. DATE OF BIRTH <u>Mar. 2-1868</u>	
9. AGE (In years last birthday) <u>86</u>		10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>maid</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, MO</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Henry Washington</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Murphy</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Foster Washington, #4 Hogg row</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Thrombotic Encephalomalacia</u>					
		DUE TO (c) <u>Arteriosclerosis</u>					
11. 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 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)		<u>332 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Jan 8, 1955</u> , to <u>Jan 30, 1955</u> , that I last saw the deceased alive on <u>Jan 29, 1955</u> , and that death occurred at <u>1-45 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. O. Angell</u>		23b. ADDRESS <u>200. 1909 Sedles, Hannibal, Mo</u>		23c. DATE SIGNED <u>2/4/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal MO</u>	
DATE REC'D BY LOCAL REG. <u>2/7/55</u>		REGISTRAR'S SIGNATURE <u>Wm. L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. & Roberts Hannibal</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 15 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 15 1958

MS
OCT 18 1957

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.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.