

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7356
State File No. 01765
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Miami	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 3 Wks.	c. CITY OR TOWN Peru
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) R.R. # 4		8130 S	
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) ALICE c. (Last) WASHBURN			4. DATE OF DEATH (Month) (Day) (Year) 2-18-1956
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-20-1879
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Fountain Co. Indiana
10b. KIND OF BUSINESS OR INDUSTRY At home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Black		13b. MOTHER'S MAIDEN NAME Sarah C Willson	14. NAME OF HUSBAND OR WIFE Frank R Washburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.L. Powell 7400 Winchester Dr.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unemia ANTECEDENT CAUSES DUE TO (b) Arteriolar Nephrosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Arteriosclerotic Heart Disease with Decompensation	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION with Decompensation	INTERVAL BETWEEN ONSET AND DEATH 1 week 6 months ? 3 weeks
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442 x
22. I hereby certify that I attended the deceased from 1-24 , 19 56 , to 2-18- , 19 56 , that I last saw the deceased alive on 2-18 , 19 56 , and that death occurred at 12:20a.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. Roth (Degree or title) M.D.		23b. ADDRESS 634 N. Grand Blvd.	23c. DATE SIGNED 2-18-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-18-1956	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery
24d. LOCATION (City, town, or county) (State) Peru Indiana			
DATE REC'D BY LOCAL REG. FEB 18 1956		REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Groves Mo

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 *Neville B Frohwitter*.....

Licensed Embalmer No... *369*.....

P. O. Address *15 W. Leku*.....

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.