

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38591**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 98

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY OR TOWN <u>Lexington</u> | c. LENGTH OF STAY (In this place) <u>Lifetime</u> | c. CITY OR TOWN <u>Lexington</u> | <input checked="" type="checkbox"/> Resident within limits of a city or incorporated town Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 S. 23rd Street</u> | | e. STREET ADDRESS (If rural, give location) <u>5th Rock St.</u> | |

| | | | | |
|-------------------------------------|-------------------------|-------------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>YOUNG</u> | b. (Middle) <u>WASHINGTON</u> | c. (Last) <u>WASHINGTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25-1956</u> |
|-------------------------------------|-------------------------|-------------------------------|-----------------------------|---|

| | | | | | | |
|--------------------|-------------------------------|---|-------------------------------------|---|--|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Nov 23-1898</u> | 9. AGE (In years last birthday) <u>64</u> | <input type="checkbox"/> UNDER 1 YEAR Months _____ Days _____ | <input type="checkbox"/> UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-------------------------------------|---|--|---|

| | | | |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|--|--|--|---|

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>Charlie Washington</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Washington</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
|--|--|---|

| | | | |
|---|--|--|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>495-01-8717</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Sister + Leonard Washington</u> | ADDRESS <u>3042 Walnut K.C. Mo.</u> |
|---|--|--|-------------------------------------|

| | | | |
|---|---|--|--|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Arterial sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardia asthma</u> <u>Chronic nephritis</u> | | |

| | | |
|------------------------|----------------------------------|--|
| 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 11/24, 1956, to 11/25/56, 1956, that I last saw the deceased alive on 11/25, 1956, and that death occurred at 7 P m., from the causes and on the date stated above.

| | | |
|--|------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Ben H. Oraska M.D.</u> | 23b. ADDRESS <u>Lexington, Mo.</u> | 23c. DATE SIGNED <u>11/28/56</u> |
|--|------------------------------------|----------------------------------|

| | | | |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 28-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u> | 24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u> |
|---|-----------------------------|--|--|

| | | | |
|---|---|---|------------------------------|
| DATE REC'D BY LOCAL REG. <u>12-3-56</u> | REGISTRAR'S SIGNATURE <u>Monica Eastbrook</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>George R. ...</u> | ADDRESS <u>Marshall, Mo.</u> |
|---|---|---|------------------------------|

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.....
George D. Green

Licensed Embalmer No. *422*

P. O. Address.....
March

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.