

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001631

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 40

300 /
-157

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF HOSPITAL OR INSTITUTION 804 S. Crysler		d. STREET ADDRESS 804 S. Crysler	
3. NAME OF DECEASED First MAGRETHA Middle DELILAH Last WASHBURN		4. DATE OF DEATH Jan. 19, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1862
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		11. BIRTHPLACE (City and state or country) Independence, Mo.	9. AGE (In years last birthday) 96
13a. FATHER'S NAME John C. Zismer		13b. MOTHER'S MAIDEN NAME Sarah Turpin	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If no, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Mina Buenemann Address Indep, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH Chronic
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 24, 1951 to Jan 19, 1959 and last saw her alive on Jan. 16, 1959 Death occurred at app 5:45 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. H. Hickerson M.D.		22b. ADDRESS 604 W. Maple Independence, Mo.	
22c. DATE SIGNED 1/21/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) Independence, Mo.
24. FUNERAL DIRECTOR ADDRESS OTT & MITCHELL INDEP. MO.		25. DATE RECD. BY LOCAL REG. 1-21-59	26. REGISTRAR'S SIGNATURE JAMES S. CRUIK

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Jason T. [Signature]

Licensed Embalmer No. 4920

P. O. Address One [Signature]

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.