MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035122
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 677

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0109
2 0109
3 2
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12 90-0
13 30

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 10 1963

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1501 N. Providence Rd
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1501 N. Providence Rd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DELLA Middle Last WASHINGTON
4. DATE OF DEATH: Month Oct. Day 2 Year 1963
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct 13 1879
9. AGE (last birthday): 83 yr.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Boone County Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Bass
13b. MOTHER'S MAIDEN NAME: Lue Simmons
14. NAME OF HUSBAND OR WIFE: Harrison Washington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates c
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Washington Address: Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis Cruellpple
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-14-63, to Oct 2, 1963 and last saw her/him alive on Sept 28, 1963.
Death occurred at 6 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John E. Tinsley Jr (Degree or title) M.D.
22b. ADDRESS: 16 So Tenth Columbia Mo
22c. DATE SIGNED: 10-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 8-1963
23c. NAME OF CEMETERY OR CREMATORY: Rock Bridge Cemetery
23d. LOCATION (City, town, or county) (State): Columbia, Mo.

24. FUNERAL DIRECTOR ADDRESS: Mrs Stuart Parker, Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 7 1963
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Adamson Sr

Licensed Embalmer No. 5203

P. O. Address Col Md

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.