

FILED MAY 12 1949

# STANDARD CERTIFICATE OF DEATH

 State File No. 11878  
 Registrar's No. 26

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>4138</u>		Registrar's No. <u>26</u>			
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u>		c. LENGTH OF STAY (In this place) <u>25yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u>		25 0 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>WASHINGTON</u>			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>April-26-1949</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>4-1-1893</u>			
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>			11. BIRTHPLACE (State or foreign country) <u>Plattsburg O</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>									
13a. FATHER'S NAME <u>Chas Edward Washington</u>			13b. MOTHER'S MAIDEN NAME <u>Lila Marcer</u>			14. NAME OF HUSBAND OR WIFE <u>Never married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Matilda Hurt</u>		ADDRESS <u>1352 1/2 12th St - Racine Wis</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>4501</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) _____		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>Apr 24, 1949</u> to <u>Apr 26, 1949</u> , that I last saw the deceased alive on <u>Apr 25, 1949</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. Longfield</u> (Degree or title) _____				23b. ADDRESS <u>Lathrop, Mo</u>				23c. DATE SIGNED <u>4/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>		24d. LOCATION (City, town, or county) <u>Lathrop</u>		(State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>5-3-49</u>		REGISTRAR'S SIGNATURE <u>Wm Fred W. Moser</u>			390 FUNERAL DIRECTOR'S SIGNATURE <u>Wm Moser</u>		ADDRESS <u>Wm Moser, Lathrop, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

25  
2  
0No. 300  
10-48

**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.

Signed.....

*David L. Walker*

Signed.....

Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Lehigh, Mo

**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 this body is not embalmed, fact should be so stated above.