

No. 300  
10.48

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1949

12026

State File No. ....

BIRTH NO. 49-013732 REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>King City Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>King City Mo. R.R.</b>	
c. LENGTH OF STAY in this place <b>9 1/2 hrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Clinnic.</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>Danny Dean Washburn</b>			4. DATE OF DEATH <b>March 24 1949</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 23, 1949</b>	9. AGE (In years last birthday) <b>9 1/2</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b>9</b> Min. <b>12</b>
--------------------	-------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>King City Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	--	--

13a. FATHER'S NAME <b>James V. Washburn</b>	13b. MOTHER'S MAIDEN NAME <b>Dorothy Lee Zug.</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J.V. Washburn</b>	ADDRESS <b>King City Mo. R.R.</b>
---	-------------------------------------	--	-----------------------------------

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 <b>9 1/2 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>atelectasis + ptosis</b>		
	ANTECEDENT CAUSES <b>foramen saleo</b>		
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>- 7/20</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3/23, 1949, to 3/24, 1949, that I last saw the deceased alive on 3/24, 1949, and that death occurred at 6:22 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Jack Barnes, M.D.</b>	23b. ADDRESS <b>King City, Mo.</b>	23c. DATE SIGNED <b>3.24.1949</b>
---	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>3.24.1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>King City</b>	24d. LOCATION (City, town, or county) (State) <b>King City Mo.</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>3-24-1949</b>	REGISTRAR'S SIGNATURE <b>Howard H. DeBakey</b>	5. FUNERAL DIRECTOR'S SIGNATURE <b>R. G. Peggart</b>	ADDRESS <b>King City Mo.</b>
---	--	--	------------------------------

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 \_\_\_\_\_

*R. G. Taggart*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.