

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23075

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Liberty</u>		c. CITY OR TOWN <u>Liberty</u>	
c. LENGTH OF STAY (in this place) <u>1 Year</u>		d. STREET ADDRESS (If rural, give location) <u>314 Moss</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 Moss</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elvira</u> b. (Middle) <u>H</u> c. (Last) <u>Washam</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 26-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: MONTHS <u>11</u> DAYS <u>12</u> IF UNDER 1 HR. Hours Min.
11: BIRTHPLACE (State or foreign country) <u>Keytesville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Robert P. Clarkson</u>		13b. MOTHER'S MAIDEN NAME <u>Terrisa Mackey</u>	
14. NAME OF HUSBAND OR WIFE <u>Milton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Vera DeHart</u>		ADDRESS <u>Liberty, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinoma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>from Ca. Breast</u> 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 <u>Caste Rg at Savannah, Mo</u>	
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>July 1949</u> to <u>July 8, 1950</u> , that I last saw the deceased alive on <u>July 6, 1950</u> , and that death occurred at <u>1:30 Am.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Glenn W. Henderson MD</u>		23b. ADDRESS <u>Liberty, Mo</u>	
23c. DATE SIGNED <u>July 7-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 1950</u>		REGISTRAR'S SIGNATURE <u>64 Minnie Haynes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Archer Co.</u>		ADDRESS <u>Liberty Mo.</u>	



**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 .....  
Student Embalmer

Signed

*John S. Sember*

Licensed Embalmer No. 4448

P. O. Address Liberty 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.