

5. No. 300
V. 10.48

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12021

2272
0

BIRTH NO. 21122-57 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 46

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 0710	

3. NAME OF DECEASED a. (First) PRISCILLA b. (Middle) JEAN c. (Last) Washburn			4. DATE OF DEATH (Month) (Day) (Year) Apr. 18, 1951		
---	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Apr. 17, 1951	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 1 Days 4	IF UNDER 10 HRS. Hours 4 Min.
---------------	------------------------	--	--------------------------------	-----------------------------------	---------------------------------	-------------------------------

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

13a. FATHER'S NAME Otho Washburn D.D.S.	13b. MOTHER'S MAIDEN NAME Mary Jean Kilby	14. NAME OF HUSBAND OR WIFE Single
---	---	------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NO	17. INFORMANT'S SIGNATURE OR NAME Otho Washburn D.D.S.	ADDRESS Versailles, Mo.
--	---	--	-------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH 27 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>prematurity (30 weeks)</i>		
	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	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 4/17, 1951, to 4/18, 1951, that I last saw the deceased alive on 4/18, 1951, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Howard L. Kilborn, M.D.	(Degree or title)	23b. ADDRESS Brannville, Mo. 329 Main St.	23c. DATE SIGNED 4/21/51
--	-------------------	---	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 19 Apr. 51	24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	24d. LOCATION (City, town, or county) (State) Versailles, Missouri
---	----------------------	--	--

DATE REC'D BY LOCAL REG. 4-27-51	REGISTRAR'S SIGNATURE D. Hooper 381	25. FUNERAL DIRECTOR'S SIGNATURE W.F. Kilwell	ADDRESS Versailles, Mo.
----------------------------------	-------------------------------------	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-30-51 _____

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 Raymond C. Larker

Licensed Embalmer No. 4626

P. O. Address Verona, N.J.

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.