

FILED AUG 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29185

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 28

1. PLACE OF DEATH
 a. COUNTY Saline
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater
 c. LENGTH OF STAY (in this place) Life
 d. FULL NAME OF HOSPITAL OR INSTITUTION none

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
 a. STATE Mo. b. COUNTY Saline
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater
 d. STREET ADDRESS (If rural, give location) 430 W. Front

3. NAME OF DECEASED
 a. (First) Edward b. (Middle) c. (Last) Washington
 4. DATE OF DEATH (Month) (Day) (Year) Aug. 16-'51

5. SEX male 6. COLOR OR RACE negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) married 8. DATE OF BIRTH Mch. 21-1879
 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 4 IF UNDER 12 MRS. Hours 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired R.R. laborer 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) Saline Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wm. Washington 13b. MOTHER'S MAIDEN NAME Stacy Ann Clay 14. NAME OF HUSBAND OR WIFE Ada Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Washington, Slater, 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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Coronary vasculature
 DUE TO (c) Chl. hyperten.
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 1 mo
 6 mo
 6 mo

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION. 4201 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK 21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from May 30, 1950, to July 7, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Earl C. Mch. (Degree or title) 23b. ADDRESS Slater, Mo. 23c. DATE SIGNED 8-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/10/1951 24c. NAME OF CEMETERY OR CREMATORY City, 24d. LOCATION (City, town, or county) (State) Slater, Mo.

DATE REC'D BY LOCAL REG. 8/19/51 REGISTRAR'S SIGNATURE Mrs. Earl C. Mch. 25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers, Slater, Mo.

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

971

RECEIVED 8-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-20-51

SEP 19 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Sam M Hill

Signed
Student Embalmer

Licensed Embalmer No. 1292

P. O. Address Slater 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.