

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 47

1. PLACE OF DEATH  
a. COUNTY MONROE  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS  
c. LENGTH OF STAY (in this place) LIFE  
d. FULL NAME OF HOSPITAL OR INSTITUTION W. MADISON ST.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
a. STATE MO b. COUNTY MONROE  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS 0690  
d. STREET ADDRESS (If rural, give location) W. MADISON ST.

3. NAME OF DECEASED  
a. (First) PEARL b. (Middle) (SCOTTY) c. (Last) WASHINGTON

4. DATE OF DEATH (Month) (Day) (Year) NOV. 23, 1951

5. SEX MALE

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3

8. DATE OF BIRTH M. K.

9. AGE (In years last birthday) 75? If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 10 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOT BLACK-PORTER

10b. KIND OF BUSINESS OR INDUSTRY BARBER SHOP

11. BIRTHPLACE (State or foreign country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SCOTT WASHINGTON

13b. MOTHER'S MAIDEN NAME NOT KNOWN

14. NAME OF HUSBAND OR WIFE NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUFUS EDWARDS, PARIS, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH\* (a) Cerebral apoplexy  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) coronary thrombosis  
DUE TO (c) Hyper tension  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19<sup>th</sup> to Nov. 23 1951, that I last saw the deceased alive on Nov 23, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Mellie S. Christian D.O. (Degree or title)

23b. ADDRESS PARIS, MO.

23c. DATE SIGNED 11-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 11-26-51

24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE

24d. LOCATION (City, town, or county) (State) PARIS, MO.

DATE REC'D BY LOCAL REG. 11-23-51

REGISTRAR'S SIGNATURE J. A. Barnett M.D. 435

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, MISSOURI

No. 300  
10-48

590

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

Date Received: DEC 3  
DISTRICT HEALTH OFFICE  
District File Number 12-5  
Date Filed: DEC 5 1957

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 *E. H. Agnew*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4000*

P. O. Address PARIS, MISSOURI

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.