

STANDARD CERTIFICATE OF DEATH

21148

State File No. ....

FILED JUN 30 1952

BIRTH NO. .... REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 60

0611

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

1. PLACE OF DEATH a. COUNTY <b>Macon County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina, Mo. Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Samaritan Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4 Miles N. E. of Shelbina</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOAN</b>		b. (Middle)		c. (Last) <b>WASHBURN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-14-1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>1-30-1937</b>	9. AGE (In years last birthday) <b>16</b>	10. MONTHS <b>3</b>	11. DAYS <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (State or foreign country) <b>Shelby County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Darrell Washburn</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Mae Gilchrist</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Darrell Washburn, Shelbina, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intra Cranial Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fractured skull</b>			<b>40 days</b>
	DUE TO (c) <b>Car wreck</b>			<b>4 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Shelby Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 10 1952 4<sup>00</sup> m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car wreck between Shelbina &amp; Shelbina Mo</b>
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22. I hereby certify that I attended the deceased from **5-10**, 19**52** to **5-14**, 19**52**, that I last saw the deceased alive on **5-14**, 19**52** and that death occurred at **10<sup>00</sup>** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>Macon Mo</b>	23c. DATE SIGNED <b>5-21-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-16-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemty.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/5/52</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Barkdew-Hawkins, Shelbina, Mo.</b>
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RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6.23.52  
Date Filed 6.52.101  
6.25.52

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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3498

P. O. Address. Stillborn 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.