

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30460**

BIRTH NO. 57737		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 180	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 19 days		c. CITY (If outside corporate limits, write RURAL and give township) Marshall		8972	
d. FULL NAME OF HOSPITAL OR INSTITUTION 446 E. Jackson				d. STREET ADDRESS (If rural, give location) 446 E. Jackson			
3. NAME OF DECEASED (Type or Print) Charles Dewitt Washington			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 9/1/52	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH Aug. 13, 1952	
9. AGE (In years last birthday) 19		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		Hours	
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 (City and State or Foreign Country) Missouri, Marshall		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Virgil Washington			13b. MOTHER'S MAIDEN NAME Elysie Combs			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Virgil Washington, Marshall, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disruptive Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) 7630			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Aug 31, 1952 , to Sept 1, 1952 that I last saw the deceased alive on Sept 1, 1952 and that death occurred at 1:25 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Sidney T. Gray, M.D.				23b. ADDRESS Marshall, Missouri		23c. DATE SIGNED 9/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/2/52		24c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery		24d. LOCATION (City, town, or county) (State) Saline County, Mo.	
DATE REC'D BY LOCAL REG. Sept. 2-1952		REGISTRAR'S SIGNATURE Sidney T. Gray		385		25. GENERAL DIRECTOR'S SIGNATURE Boger Brent Marshall	

(Licensed Embelmer's Statement on Reverse Side)

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

972
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SEP 13 1932

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 *George Green*

Licensed Embalmer No. 4220

P. O. Address Marshall 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.