

ED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5231**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 2076		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 17 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		D-214	
d. FULL NAME OF HOSPITAL OR INSTITUTION 320 Adams				d. STREET ADDRESS (If rural, give location) 320-Adams			
3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Alice c. (Last) Washer			4. DATE OF DEATH (Month) (Day) (Year) Mar 6 - 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 9 - 1889	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Month 2 Days 27		IF UNDER 1 YEAR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Osage County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred H. McDaniel			13b. MOTHER'S MAIDEN NAME Mary Murphy		14. NAME OF HUSBAND OR WIFE Arthur J. Washer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. Fremont J.C.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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis 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 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 15, 1951 to Mar 6, 1953 that I last saw the deceased alive on Mar 3, 1953 and that death occurred at 7 A.M. from the causes and on the date stated above.							
23a. SIGNATURE J. G. Bruce, M.D.				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 3-6-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 8 - 1953		24c. NAME OF CEMETERY OR CREMATORY Linn Public Cem.		24d. LOCATION (City, town, or county) (State) Linn Mo.	
DATE REC'D BY LOCAL REG. Mar 6 - 1953		REGISTRAR'S SIGNATURE R. P. Davis M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Anderson - James - J.C.Mo.			

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

Bruce

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 *J. P. Anderson* _____

Licensed Embalmer No. *3641* _____

P. O. Address *Amo* _____

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.