

5. No. 10.48

FILED JUN 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21941

State File No. 21941

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3437</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>6hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon</u>		d. STREET ADDRESS (If rural, give location) <u>321 West Division</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>W.</u> c. (Last) <u>WASHBURN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 29, 1881</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>8</u>		11. DAYS <u>8</u>		12. IF UNDER 24 HRS. Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jim Washburn</u>		13b. MOTHER'S MAIDEN NAME <u>Adiline Duell</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Washburn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mable Washburn Mt Vernon, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic coma</u>		DUPLICATE OF (a) <u>Diabetes mellitus</u>				<u>8 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) _____				<u>12 yrs</u>	
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerosis</u>		Conditions contributing to the death but not related to the disease or condition causing death.				<u>Unknown</u>	
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) _____			
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 <u>June 5, 1953</u> to <u>June 6, 1953</u> , that I last saw the deceased alive on <u>June 6, 1953</u> and that death occurred at <u>12:30 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold E. Geige, D.O.</u> (Degree or title)				23b. ADDRESS <u>Mt Vernon, Mo.</u>		23c. DATE SIGNED <u>June 5 '53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>H.O.O. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1 Mi South Mt Vernon Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-8-53</u>		REGISTRAR'S SIGNATURE <u>Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.D. Fossett Funeral Home Mt. Vernon Missouri</u>			

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

RECEIVED 6-15-53
Jasper County Health Office

County File Number 53-6-514

Date Filed 6-15-53

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 Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Well City, 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.