

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1578

State File No.

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>7 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1212 West 61st. Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krestwoods Medical Hospital</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>2700 TRACY AVENUE</u>	

3. NAME OF DECEASED (Type or Print) <u>Marshall</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Washington</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 11, 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TOOLS CORP. INDUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Marshall Washington</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Arnold</u>	14. NAME OF HUSBAND OR WIFE <u>Annela Washington</u>
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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. <u>468-30-7187</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucile Jacks -1212 West 61st. Terrace</u>
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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>DUODENAL HEMORRHAGE</u>		DUE TO (b) <u>CHRONIC DUODENAL ULCER</u>		<u>48 HRS.</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.		DUE TO (c) <u>CORONARY HEART DISEASE</u>		<u>30 YRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5410</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Minute)	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 DEC 15, 1953 to JAN 5, 1954, that I last saw the deceased alive on JAN 5, 1954, and that death occurred at 9:17 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>George K. Pandis</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1630 Prof. Bldg.</u>	23c. DATE SIGNED <u>Jan. 6, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 8 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WILMORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-8-54</u>	REGISTRAR'S SIGNATURE <u>Lorraine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>1331 Brushy Creek Kansas City</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Clare V. Can. Jr.

Licensed Embalmer No.

4934

P. O. Address

K. C. 10, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.