

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6140 State File No. 36228

1020

FILED OCT. 19 1954

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	c. LENGTH OF STAY (In this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	d. STREET ADDRESS (If rural, give location) <u>CLARENCE MO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARENCE MO</u>		d. STREET ADDRESS (If rural, give location) <u>CLARENCE MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>L.</u> c. (Last) <u>WASHBURN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 13 1954</u>	
5. SEX <u>♂</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 4, 1923</u>
9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>	11. BIRTHPLACE (State or foreign country) <u>LEWIS CO MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>BEN WASHBURN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>VIRGINIA WASHBURN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MILTON WASHBURN CLARENCE MO</u>	
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) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary occlusion</u> DUE TO (c) <u>Arteriosclerosis</u> 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 <u>4201</u>	
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) m.	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>12-13, 1952</u> , to <u>10-13, 1954</u> , that I last saw the deceased alive on <u>9-11, 1954</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Clarence M.O.</u>		23b. ADDRESS <u>Clarence, MO</u>	23c. DATE SIGNED <u>10-14-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOUE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SHELBY MO</u>
DATE REC'D BY LOCAL REG. <u>10-15-54</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles V. Gray, Clarence MO</u>	

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 *Charles V. Greening*

Licensed Embalmer No. *4625*

P. O. Address *Clarens, Pa*

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.