

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40130

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>				d. STREET ADDRESS (If rural, give location) <u>North Barr St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Her Home</u>				3. NAME OF DECEASED a. (First) <u>Josephine</u>		b. (Middle) <u>Washington</u>		c. (Last) <u>Washington</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 12, 1860</u>	
9. AGE (In years last birthday) <u>94</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Issac Franklin Washington</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. Wood, Washington, N. Barr, Centralia</u>				ADDRESS <u>Centralia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & arteriosclerosis</u>				DUE TO (c) _____				Many years	
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>331 X</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, workshop, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centralia, Boone, Mo.</u>		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>8-24-53</u> to <u>12-13-54</u> , that I last saw the deceased alive on <u>12-13-54</u> , 19 <u>54</u> , and that death occurred at <u>11:20 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Josephine P. Wood</u>				23b. ADDRESS <u>Centralia - Mo.</u>		23c. DATE SIGNED <u>12-14-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 16, '54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City of Centralia</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 18-1954</u>		REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>		30- <u>30-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill P. Meadows</u>			

(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 _____

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Bill G. Meador*

Licensed Embalmer No. *4876*

P. O. Address *Central, Missouri*

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.