

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **37720**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3052		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 4 month		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		08/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 E. St. Louis				d. STREET ADDRESS (If rural, give location) 219 E. St. Louis St.			
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) Daniel		c. (Last) Washington		4. DATE OF DEATH (Month) (Day) (Year) 11-26-1955	
5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 7-10-1901	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY laborer		11. BIRTHPLACE (City and State or Foreign Country) Bunceton Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Dora Washington		13b. MOTHER'S MAIDEN NAME Lula Bailey		14. NAME OF HUSBAND OR WIFE Ruth Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492x		17. INFORMANT'S SIGNATURE OR NAME Ruth Washington			
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) Virus pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 492x				INTERVAL BETWEEN ONSET AND DEATH 1 wk	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from July 28, 1955 , to 11-26, 1955 , that I last saw the deceased alive on 11-25, 1955 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. Reynolds, M.D.		23b. ADDRESS 104 1/2 W. Main Sedalia, Mo.				23c. DATE SIGNED 11-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-29-1955		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex		24d. LOCATION (City, town, or county) (State) Sedalia Pettis Mo	
DATE REC'D BY LOCAL REG. 11-28-55		REGISTRAR'S SIGNATURE John Coontz, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE A. D. Ferguson		ADDRESS Sedalia Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 F D Ferguson

Licensed Embalmer No. 2172

P. O. Address Ledalia

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

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