

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8422**

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Larson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Larson</u>	
c. LENGTH OF STAY (If in place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		d. STREET ADDRESS (If rural, give location) <u>540 N. 14th</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nell Mem. Hosp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Euphema</u>		b. (Middle) <u>Washburn</u>		c. (Last) <u>Washburn</u>		6. DATE OF BIRTH	
(Type or Print)		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Female		Widowed		3-10-1871		85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Agency City Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>L. F. Coverston</u>		13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>Joyd C. Washburn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Wightman</u>		ADDRESS <u>Bethany Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE, LEFT</u>				<u>12 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>HYPERTENSIVE VASCULAR DISEASE</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>UNKNOWN</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				20. AUTOPSY? <u>2</u>	
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) <u>331X</u>		(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>3-2</u> , 19 <u>57</u> , to <u>3-2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-2</u> , 19 <u>57</u> , and that death occurred at <u>7:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Albert Dibble M.D.</u>				23b. ADDRESS <u>Box 33 Bethany, Mo.</u>		23c. DATE SIGNED <u>3-9-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-6-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Murray</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 16 1957</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McKain</u>		ADDRESS <u>Bethany Mo</u>	

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

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MAR 21 1957

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.

Student Embalmer No. ....

Signed

*M. B. Lead*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3899*

P. O. Address *Bethany 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.