

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022118

FILED JUL 7 1959

Registration District No. _____ Primary Registration District No. 187 Registrar's No. 3040 STATE FILE NUMBER 162

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe, Mo		Length of stay in 1b 24 days		c. CITY OR TOWN Princeton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Alva Middle Washburn Last Washburn				4. DATE OF DEATH Month 6 Day 26 Year 59			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-26-1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during present working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lemmual Washburn			13b. MOTHER'S MAIDEN NAME Mary McKay		14. NAME OF HUSBAND OR WIFE Ellen Washburn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 496-42-2863		17. INFORMANT Address Mrs Ellen Washburn Princeton, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mypendetic arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>6-2-59</u> to <u>6-26-59</u> and last saw ^{her} him alive on <u>6-26-59</u> . Death occurred at <u>7.30</u> ^p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph F. Hale (degree or title) M.D.				22b. ADDRESS Chillicothe, Mo.		22c. DATE SIGNED 6-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-28-59	23c. NAME OF CEMETERY OR CREMATORY Princeton		23d. LOCATION (City, town, or county) Princeton, Missouri		(State)
24. FUNERAL DIRECTOR ADDRESS Noel Moss Princeton, Mo			25. DATE RECD. BY LOCAL REG. 6/27/59		26. REGISTRAR'S SIGNATURE Francis B. Hall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul Moss

Licensed Embalmer No. 263

P. O. Address Quincy

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.