URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

-60-031131
STATE FILE NUMBER

NDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg — Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ross Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Rural Warrensburg — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RR #4 10 miles Northeast — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: LULA Middle: Last: WASH

4. DATE OF DEATH: Month: August Day: 26 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-9-1879
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Lilly Dale, Indiana
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry J. Walters
13b. MOTHER'S MAIDEN NAME: Menerva Jane Thomas
14. NAME OF HUSBAND OR WIFE: Charles A. Wash (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mr. Albert Wash, Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fractured hip, left — 5 wks
DUE TO (c):

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July 20-60, to Aug. 26, 1960 and last saw her alive on Aug. 26, 1960
Death occurred at 4:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Neel Morson MD
22b. ADDRESS: Warrensburg, Missouri
22c. DATE SIGNED: 8-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-28-60
23c. NAME OF CEMETERY OR CREMATORY: Mineral Creek Cemetery
23d. LOCATION (City, town, or county) (State): Leeton, Missouri

24. FUNERAL DIRECTOR ADDRESS: The Brauningers, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 27, 1960
26. REGISTRAR'S SIGNATURE: Savannah Curtchfield

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Signed Robert L. Lande
Signature of Student Embalmer

Licensed Embalmer No. 510

P. O. Address Hauppauge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.