

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7181

State File No. ....

**FILED FEB 20 1951**

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>1323</u>		PRIMARY REG. DIST. NO. <u>4773</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Saline</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Blackburn</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Saline</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blackburn</u>		c. CITY OR TOWN <u>Blackburn</u>		ZIP CODE <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Marion</u>	b. (Middle) <u>O</u>	c. (Last) <u>Washburn</u>	Month <u>Feb</u>	Day <u>10</u>	Year <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 7, 1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Days <u>3</u>	Hours <u></u> Min <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Blackburn, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wales</u>		14. NAME OF HUSBAND OR WIFE <u>Albert 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>Mrs. Henry King Washburn</u>			
				ADDRESS <u>Blackburn, 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>Cardio Vascular and Disease</u>				<u>about 6 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Arterio sclerosis generally</u>				<u>7.</u>	
		DUE TO (c) _____				<u>442 X</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? 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, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (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>June 15, 1950</u> , to <u>Feb 10, 1951</u> , that I last saw the deceased alive on <u>Feb 9, 1951</u> , and that death occurred at <u>3:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Douglas Kelling, M.D.</u>		23b. ADDRESS <u>Waverly, Mo</u>		23c. DATE SIGNED <u>2/10/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 12 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blackburn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Blackburn Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/13/51</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Minersberger</u> ADDRESS <u>Blackburn, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

970

798777 344

RECEIVED 2-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2-19-51

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 Roy F. Wiegans

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.