

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004466

STATE FILE NUMBER

FILED MAR 3 1959

Registration District No. 032

Primary Registration District No.

Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY Bollinger)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Myers-Freitas Clinic		d. STREET ADDRESS (If outside, give location) 1539 S. Broadway	

3. NAME OF DECEASED (Type or print) Dennis Washborn			4. DATE OF DEATH Month Feb. Day 18 Year 1959		
---	--	--	--	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1959	9. AGE (In years last birthday) Dead at birth	IF UNDER 1 YEAR Months 0 Days 0 Hours 0	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Lutesville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	---

13a. FATHER'S NAME Benny Ray Washborn	13b. MOTHER'S MAIDEN NAME Thelma M. Fulbright	14. NAME OF HUSBAND OR WIFE None
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Benny R Washborn	Address 1539 S. Broadway St. Louis 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) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Mucus in trachea 7620	
	DUE TO (c) Born in ambulance enroute to clinic	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mother states she did not feel birth and did not		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 name of injury in PART I or PART II of item 18) Report delivery to the ambulance driver
---	--

20c. TIME OF INJURY Hour 11:00 Month, Day, Year Feb. 18, 1959 a.m. PM p.m.	Reported to Coroner
---	----------------------------

20d. INJURY OCCURRED WHILE AT <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 Lutesville	COUNTY Mo	STATE Missouri
---	--	---	---------------------	--------------------------

21. I attended the deceased from Death occurred at 11:00 PM, Feb. 18, 1959		and last saw her alive on dead on arrival	
--	--	--	--

22a. SIGNATURE H. J. Freitas, M.D.	(Regree or title) 2	22b. ADDRESS Lutesville Mo	22c. DATE SIGNED 2-25-59
--	----------------------------	--------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/20/59	23c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem.	23d. LOCATION (City, town, or county) (State) Lutesville, Missouri
--	-----------------------------	---	--

24. FUNERAL DIRECTOR Gene Ward	ADDRESS Lutesville Mo	25. DATE RECD. BY LOCAL REG. 2-27-59	26. REGISTRAR'S SIGNATURE Miss Buford C. ...
--	---------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

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
Signature of Student Embalmer

Signed

Licensed Embalmer No.....

P. O. Address.....

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.