

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3655

State File No. _____

FEB 10 1944

Registration District No. 229

Primary Registration District No. 4341

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Liege
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 Years
years, months or days

3. (a) PRINT FULL NAME Daisy Edith Aston.3. (b) If veteran, No name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 6 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 17 _____ hr. _____ min.

9. Birthplace Warren Co Mo. (City, town, or county) (State or foreign country)10. Usual occupation Housekeeper11. Industry or business General duties12. Name Herod A. Aston.13. Birthplace Warren Co Mo. (City, town, or county) (State or foreign country)14. Maiden name Labitha Jane Aydelott15. Birthplace Warren Co Mo. (City, town, or county) (State or foreign country)16. (a) Informant Elfie Aston.(b) Address Bellflower Mo.17. (a) Burial (b) Date thereof 1-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pin Oak Cem18. (a) Signature of funeral director Clarence Jones(b) Address Bellflower Mo19. (a) 1-28-1944 (b) Lellie Jeffries
(Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Liege
(If outside city or town limits, write "RURAL")
(d) Street No. Home (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1944 hour 2:00 minute _____ P.M.21. I hereby certify that I attended the deceased from May 18, 1943 to Jan. 23 1944
that I last saw her alive on Jan. 23 1944
and that death occurred on the date and hour stated above.Immediate cause of death Primary carcinoma pylorus 12 mo

Due to _____

Due to _____

Other conditions 46 hr
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature G. H. Van Audale (M. D. or other) D. O.
Address Montgomery City, Mo Date signed 1-25-44

APR 9 1953
JUN 12 1953

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.....
Me....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Clarence A. Jones*.....
Licensed Embalmer No. 2978
P. O. Address.....Bellflower 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.