

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED NOV 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. 32675

Registration District No. 20

Primary Registration District No. 5081

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural-East Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 68 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Minnie B. Ashbaugh

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Luke Ashbaugh 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased June 15 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 5 hr. min.

9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Thomas Balgum
13. Birthplace Norway 4
(City, town, or county) (State or foreign country)
14. Maiden name Riddle
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clyde Ashbaugh
(b) Address Adrian Mo.
17. (a) Burial (b) Date thereof 10-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burdett Cemetery
18. (a) Signature of funeral director Breath & Son
(b) Address Adrian Mo.
19. (a) 10-23-46 (b) Myra Owens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Rural East Boone Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) If foreign born, how long in U. S. A. / years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1946 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 10-20-46

(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? Found dead in home 3

While at work in home (Specify type of place) (e) Means of injury Coronary

23. Signature John W. Lindquist (M. D. or other)

Address Burton Mo Date signed 10-21-46

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12.04.77-6

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 and

Fred I Leuath 3343, Registered Apprentice No. _____,
working under my personal supervision.

Signed Adrian M

Licensed Embalmer No. 3650

P. O. Address Adrian M

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, above space should be left blank.