S. No. 300
M—10-47
v. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 14 1949
Registration District No. 1A

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5637

State File No. 40634

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural - Clay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3½ North - Odessa - Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 71yr - 0 mo. 5 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Rural - Clay Twp. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3½ N. - Odessa - Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Asheraft.

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male ()

5. Color or race White

6. (a) Single, widowed, married, divorced Single ()

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 30 (Day) 1877 (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 5 th
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 4. , 1948, to Dec 5 , 1948; that I last saw him alive on Dec. 4 , 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Endocarditis ch.	
Due to: myocarditis ch.	
Due to: senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 71 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace Near - Odessa (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

MOTHER / FATHER

12. Name John Asheraft.

13. Birthplace unknown. (City, town, or county) Ky (State or foreign country)

14. Maiden name Mary Barker

15. Birthplace unknown. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Frank Asheraft

(b) Address Odessa - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director [illegible]

(b) Address Odessa Mo.

19. (a) Dec. 7-1948 (Date received local registrar) Lela Drummond (Registrar's signature)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Odessa, Mo. Date signed 12/7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-13-49

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

Signed Clifton R Blincoe

Licensed Embalmer No. 2945

P. O. Address Adams, 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.