

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4477</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence</u>		c. LENGTH OF STAY (in this place) <u>46 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence, Mo.</u>		1 <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Millie Ann</u> b. (Middle) <u>Ashby</u> c. (Last) <u>Ashby</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-1949</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>11-4-1863</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>4</u>		11. DAYS <u>25</u>		12. IF UNDER 1 YEAR Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Wornich County, Ind.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>Issac T. Barker</u>				13b. MOTHER'S MAIDEN NAME <u>Ann Agneu</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Griswold, Clarence, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>450</u> 20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>46</u> , to <u>Mar 27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 27</u> , 19 <u>49</u> , and that death occurred at <u>8P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. L. Harlan, M.D.</u>				23b. ADDRESS <u>Clarence Mo</u>		23c. DATE SIGNED <u>Mar 29 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelby County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 1-1949</u>		REGISTRAR'S SIGNATURE <u>Ada Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Million & Barkeley, Clarence Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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RECEIVED

District Health Officer No. 10

District File Number 449585

Date Filed APR 4 1949

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.

Signed _____

W. H. Hawley

Signed _____
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Shelton Me

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.