

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16604

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 174	
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. LENGTH OF STAY (In this place) 5 DA.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GROSS (P.O.) JACKSON TWP.			
d. FULL NAME OF HOSPITAL OR INSTITUTION LEYERING HOSP.				d. STREET ADDRESS ✓			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) LANDON		c. (Last) ASHBY		4. DATE OF DEATH (Month) (Day) (Year) MAY 10, 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 14, 1859		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MONROE CO., MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOSHUA ASHBY		13b. MOTHER'S MAIDEN NAME MATILDA MURPHY		14. NAME OF HUSBAND OR WIFE ANNIE ASHBY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JOHN ASHBY, GROSS, MO.			
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) Ca of stomach 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. Chc Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 1 yr 151X 6 mo	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 6, 1949 , to May 20, 1949 , that I last saw the deceased alive on May 17, 1949 , and that death occurred at 8 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS HANNIBAL, MO.		23c. DATE SIGNED	
24a. BURIAL OR CREMATION REMOVAL (Specify) BURIAL	24b. DATE 5-12-49	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MO.			
DATE REC'D BY LOCAL REG. 5-14-49	REGISTRAR'S SIGNATURE Dr. E. M. Lucke		By W. C. Fisher Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, MO.		

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

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
Student Embalmer

Signed *E. V. Adams*.....

Licensed Embalmer No. 4000.....

P. O. Address Paris, Missouri......

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.