

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23253

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 5550		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>Ozark Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of institution). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bakersfield</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bakersfield</u>		d. STREET ADDRESS (If rural, give location) <u>41</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u>		b. (Middle) <u>May</u>		c. (Last) <u>Ashley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>2-16-1876</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>72</u> <u>3</u> <u>7</u> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Ozark Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benj. Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Wells</u>		14. NAME OF HUSBAND OF WIFE <u>I.E. Ashley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. Wells, Bakersfield</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic interstitial Nephritis</u> DUE TO (c) <u>Essential hypertension</u> 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) m.		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 <u>11-10-48</u> to <u>May 23, 1949</u> , that I last saw the deceased alive on <u>May 23, 1949</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. B. Davis, D.O.</u>				23b. ADDRESS <u>Bakersfield, Mo.</u>		23c. DATE SIGNED <u>6-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>18</u>		24b. DATE <u>5-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newborn Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Bakersfield, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-27-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Haven, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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RECEIVED 7/5/49

District Health Officer No. 5,

District File Number 749501

Date Filed 7-14-49

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.....

working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed A. S. Robertson

Licensed Embalmer No. 3437

P. O. Address West Hill St

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.