

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

On Harry Sells No. 23250
State File No. 23250

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 3000 Registrar's No. 704

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1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield,		c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) Springfield,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 820 Benton		d. STREET ADDRESS (If rural, give location) 820 Benton			

3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle) L.		c. (Last) Ashworth		4. DATE OF DEATH (Month) (Day) (Year) August 5, 1950	
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH November 17, 1869		9. AGE (In years last birthday) (Months) (Days) (Year) (Hours) (Min.) 80 8 18	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In Home		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Evansville, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John Ashworth		13b. MOTHER'S MAIDEN NAME Mary Ann Cannon		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Gibson		ADDRESS Springfield, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 mo	
		ANTECEDENT CAUSES encephalopathy		DUE TO (b) glaucoma & arteriosclerosis			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. hypertension		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension				332x	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) Springfield, Greene, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Aug 15, 1947**, to **Aug 5, 1950**, that I last saw the deceased alive on **Aug 1, 1950**, and that death occurred at **11 pm**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS 609 Cherry St, Aug 50		23c. DATE SIGNED Aug 5 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 8, 1950		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
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DATE REC'D BY LOCAL REG. 8-7-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf		ADDRESS Funeral Home	
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WRITE PLAINLY—USING UNFADEING 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.

Signed.....
Student Embalmer

Signed *Lewis G. Schupp*.....

Licensed Embalmer No. *38620*

P. O. Address *Springfield, 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.