

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25749

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 4476		Registrar's No. 251	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY OR TOWN <u>Downing</u>		c. LENGTH OF STAY (in this place) <u>15-year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>		1980	
d. FULL NAME OF (If not in hospital, institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>2</u>			
3. NAME OF DECEASED (Type or Print) <u>Florence</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Ashford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 11, 1886</u>		9. AGE (Last year last birthday) <u>63</u> <u>7</u> <u>20</u> <u>9</u> <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ashland City, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Shade Bell Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Fred. Ashford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Ashford, Downing, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mentally deranged</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken Hip Bad Heart</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>32.55</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Broken hip 3 yrs ago. Feeble minded</u>			
22. I hereby certify that I attended the deceased from <u>June 1, 1950</u> , to <u>July 31, 1950</u> ; that I last saw the deceased alive on <u>July 23, 1950</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. E. Gering M.D.</u>				23b. ADDRESS <u>Downing, Mo.</u>		23c. DATE SIGNED <u>July 31, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>		24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 2, 1950</u>		REGISTRAR'S SIGNATURE <u>Fred. Ashford</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Moore</u>		ADDRESS <u>Downing, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 8 1951

District Health Officer No.

District File Number 8-14-13

Date Filed AUG 14 1951

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Lloyd Moore

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3151

P. O. Address Downing m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.