

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32313

BIRTH NO.		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4472		Registrar's No. 92	
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City, Mo</u>		10980	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) <u>Leola</u>		a. (First) <u>Mae</u>		c. (Last) <u>Ashmead</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>/</u>		8. DATE OF BIRTH <u>9-10-1892</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>17</u> IF UNDER 12 HRS. Min.	
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		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert B. Crawford</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Mixks</u>		14. NAME OF HUSBAND OR WIFE <u>True Ashmead</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>True Ashmead</u>		ADDRESS <u>Queen City</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>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u> 4201			
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)		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 <u>Sept 19</u> , 19 <u>50</u> , to <u>Sept 27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-19</u> , 19 <u>50</u> , and that death occurred at <u>11:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.E. Slaughter D.O.</u>				23b. ADDRESS <u>Lancaster, Mo</u>		23c. DATE SIGNED <u>9/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>m</u>		24b. DATE <u>Oct 2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>True Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 1-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u> 353		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. R. Drake</u>		ADDRESS <u>Wm. R. Drake</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1954

Date Received: OCT 10 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-
Date Filed OCT 10 1950

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 _____

Jack H. Dooley
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. *4669*

P. O. Address *Queen City 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.