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FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36165**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1354

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | c. LENGTH OF STAY (in this place) <u>25 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>5903 King Hill Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) <u>Edna</u> c. (Last) <u>Ashby</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1950</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 26, 1881</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Milling Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bill City, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>John Rainey</u> | 13b. MOTHER'S MAIDEN NAME <u>Emalina Hitchcock</u> | 14. NAME OF HUSBAND OR WIFE <u>Ralph Ashby</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>495-26-4802</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Ashby</u> | ADDRESS <u>5903 King Hill Ave.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma head of pancreas with complete biliary Obstruction</u> | | <u>16 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>XXXXXXXXXX</u> DUE TO (c) <u>XXXXXXXXXX</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXXXX</u> | | | <u>157X</u> |

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| 19a. DATE OF OPERATION <u>XXXXXX</u> | 19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXX</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXX</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u> | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>XXXXXX</u> | 21f. HOW DID INJURY OCCUR? <u>XXXXXX</u> |

22. I hereby certify that I attended the deceased from Sep. 11, 1950, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Dwain W. Hering M.D.</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>The Tootle Building St. Joseph, Missouri</u> | 23c. DATE SIGNED <u>11-21-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 21, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 5, 1950</u> | REGISTRAR'S SIGNATURE <u>Carl E. Casper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Clark</u> | ADDRESS <u>120 Illinois Ave.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 *Eure a Clark*.....

Licensed Embalmer No. *4238*.....

P. O. Address *St. Joseph 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.