

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 9522

BIRTH NO. 23336-51 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>117 1/2 E. 7th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Edward</u> c. (Last) <u>Ash</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 23-1951</u>
9. AGE (In years last birthday) <u>1</u> MONTHS <u>16</u> DAYS <u>16</u> HOURS <u>16</u> MIN.		11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Robert Ash</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Sedlak</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. <u>1</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Ash</u>		ADDRESS <u>Sedalia</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Psychological stress</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>	
19a. DATE 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.) <u>-</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		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? <u>-</u>	
22. I hereby certify that I attended the deceased from <u>Mar 23</u> , 19 <u>51</u> , to <u>Mar 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 24</u> , 19 <u>51</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Edward M. McLaughlin</u>		23b. ADDRESS <u>Sedalia Mo.</u>	
23c. DATE SIGNED <u>3/24/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	
24f. ADDRESS <u>Sedalia</u>		24g. DATE REC'D BY LOCAL REG. <u>3-25-51</u>	
24h. REGISTRAR'S SIGNATURE <u>W. Campbell</u>		24i. (Licensed Embalmer's Statement on Reverse Side)	

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

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0804  
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RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-2-51 \_\_\_\_\_

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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 \_\_\_\_\_

*Not Embalmed*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.