No. 300
10-48

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11881

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 39 PRIMARY REG. DIST. NO. 5226 Registrar's No. 42

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Pleasant Twp
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belton 7 Mile S.W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Pleasant Township 0190
d. STREET ADDRESS (If rural, give location): Belton Mo 7 Miles S.W.

3. NAME OF DECEASED (Type or Print)
a. (First): George b. (Middle): William c. (Last): Ash

4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 9, 1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired farmer
11. BIRTHPLACE (State or foreign country): Climax Springs, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Henry Ash
13b. MOTHER'S MAIDEN NAME: Rachel Ellen Hart
14. NAME OF HUSBAND OR WIFE: 2

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: Mrs. Flossie McKinley-Belton, Missouri

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, asthenia, 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)	GUNSHOT WOUND, LEFT FRONTAL SKULL AREA	5 MIN.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	SUICIDE BY FIREARM, .22 CAL. REVOLVER	—
DUE TO (c)	—	—
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	MYOCARDITIS, CHRONIC, SEVERE	5 YRS.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — E976X
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Belton, (RR#1), (COUNTY) Cass, (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 6, 1951, 3:00 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Self-inflicted gunshot wound.

22. *I hereby certify that I attended the deceased from* July 9, 1949, *to* Apr. 6, 1951, *that I last saw the deceased alive on* Apr. 4, 1951, *and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert A. Tracy, M.D. 0
23b. ADDRESS: Belton, Mo.
23c. DATE SIGNED: 4-7-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 4-8-51
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill.
24d. LOCATION (City, town, or county) (State): Pleasant Hill Mo.

DATE REC'D BY LOCAL REG.: April 12, 1951
REGISTRAR'S SIGNATURE: Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Allen Brumfield, Pleasant Hill. Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 16 1951

CASS COUNTY
HEALTH DEPARTMENT

APR 18 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Allen Brumfield

Signed.....
Student Embalmer

Licensed Embalmer No. B785

P. O. Address Pleasant Hill

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.