S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 14 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22529

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5320 Registrar's No. 20

**1. PLACE OF DEATH**
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Speed (Palestine)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPEED R. (Palestine Twp.)
d. STREET ADDRESS (If rural, give location): 0270

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mabel
b. (Middle):
c. (Last): Ashby

**4. DATE OF DEATH** (Month): Aug (Day): 7 (Year): 51

**5. SEX**: Female 3

**6. COLOR OR RACE**: Negro

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Feb. 16 1886

**9. AGE** (In years last birthday): 65 | 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): House Wife

**10b. KIND OF BUSINESS OR INDUSTRY**: Home

**11. BIRTHPLACE** (State or foreign country): Festus Mo

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Unknown

**13b. MOTHER'S MAIDEN NAME**: Unknown

**14. NAME OF HUSBAND OR WIFE**: Walter A. Ashby

**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**: Walter A. Ashby
ADDRESS: Speed Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Rectum. — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis - Chronic — 1 yr.
DUE TO (c) Hypotension — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Nephritis

**19a. DATE OF OPERATION**: None

**19b. MAJOR FINDINGS OF OPERATION**: 154 X

**20. AUTOPSY?** YES ☐ NO ☑

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6-20, 1951, *to* 8-7, 1951, *that I last saw the deceased alive on* 8-7, 1951, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Dr. James A. Carruthers
(Degree or title): D.C.
**23b. ADDRESS**: Bunceton Mo
**23c. DATE SIGNED**: 8-9-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Aug. 10, 51
**24c. NAME OF CEMETERY OR CREMATORY**: City Cemetery
**24d. LOCATION** (City, town, or county): Festus
(State): Mo

DATE REC'D BY LOCAL REG.: Aug 10-51
REGISTRAR'S SIGNATURE: Nellie Mullitt
25. FUNERAL DIRECTOR'S SIGNATURE: Stuart Parker
ADDRESS: Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-13-21
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8-13-21

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 Stuart P. Parker

Signed
Student Embalmer

Licensed Embalmer No. 2900

P. O. Address Columbia 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.