

No. 300  
10. 48  
650  
FILED SEP 10 1951THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27591

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5714		Registrar's No. 102	
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pineville Township		c. LENGTH OF STAY (In this place) 10 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pineville Township		0600	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION X				d. STREET ADDRESS (If rural, give location) Anderson, Mo., R 3			
3. NAME OF DECEASED (Type or Print) Lillian Glyds Ash			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 16 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 26 1895		9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton County Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Allen Poe		13b. MOTHER'S MAIDEN NAME Herritt Craig		14. NAME OF HUSBAND OR WIFE Eathiel Ash			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO X		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eathiel Ash Anderson, Mo., R 3			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic endocarditis 20 or 30 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 1949, to Aug 16, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 6:00 AM., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. D. Fountain, Jr., M.D.				23b. ADDRESS Noel Mo.		23c. DATE SIGNED Aug 19	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/19/51	24c. NAME OF CEMETERY OR CREMATORY Ruddick Cemetery		24d. LOCATION (City, town, or county) (State) Garfield, Arkansas		
DATE REC'D BY LOCAL REG. 8-19-51		REGISTRAR'S SIGNATURE M. J. Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home Pearridge, Ark			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED SEP 6 1951

Dist. File

937-1589

Date Filed

9-6-51

MS NOV 28 1960

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 C. B. Porter

Licensed Embalmer No. 599

P. O. Address Rogers, Ark.

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.