

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43736**
Registrar's No. **190**

FILED JAN 4 1952
BIRTH NO. **91008-51**

REG. DIST. NO. **333**

PRIMARY REG. DIST. NO. **3074**

Registrar's No. **190**

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In hospital or institution) 55 minutes		c. CITY (If outside corporate limits, write RURAL and give township) Marston		0 720	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Delta Community Hospital				d. STREET ADDRESS (If rural, give location) Box 117			
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Boy c. (Last) Ashmore				4. DATE OF DEATH (Month) (Day) (Year) 12 - 18 - 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 12-17-51	
9. AGE (In years last birthday) —		10. IF UNDER 1 YEAR Months — Days —		11. IF UNDER 12 HRS. Hours 14 Mins. 45			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Marston, Missouri	
12. CITIZEN OF WHAT COUNTRY United States							
13a. FATHER'S NAME Jimmie Ashmore				13b. MOTHER'S MAIDEN NAME Edna McCoy		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Marston, Jimmie Ashmore - Box 117 - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 7625				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) —		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 12-17 , 19 51 , to 12-18 , 19 51 , that I last saw the deceased alive on 12-17 , 19 51 , and that death occurred at 2:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE R. J. Marston M.D. (Degree or title)				23b. ADDRESS 112 Tanner Street Sikeston, Missouri		23c. DATE SIGNED 12-18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/18/51		24c. NAME OF CEMETERY OR CREMATORY New Hope		24d. LOCATION (City, town, or county) (State) Marston Mo.	
DATE REC'D BY LOCAL REG. 12-19-51		REGISTRAR'S SIGNATURE Mrs. Ella Rucker		25. FUNERAL DIRECTOR'S SIGNATURE Friends		ADDRESS Marston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 26 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1251-278

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.