

STANDARD CERTIFICATE OF DEATH

State File No. 870

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY GREENE #		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) AURORA. 15-51	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 214 McNatt 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ZARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) Monnie	b. (Middle) Lee	c. (Last) Ash	4. DATE OF DEATH (Month) (Day) (Year) Feb 5 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct 23 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY 490-28-1804	11. BIRTHPLACE (State or foreign country) HARDY ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME STEVE Holloway	13b. MOTHER'S MAIDEN NAME MARY WARE	14. NAME OF HUSBAND OR WIFE MARION D. Ash
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Marion D Ash	ADDRESS Aurora, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia	ANTECEDENT CAUSES		2-3-52
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Glomerular Neph.		2-5-52
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 24, 1952 to Feb. 5, 1952 that I last saw the deceased alive on Feb. 4, 1952 and that death occurred at 3:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE F. Avery Watson D.O.	(Degree or title)	23b. ADDRESS Varona, Mo.	23c. DATE SIGNED 2-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-5-52	24c. NAME OF CEMETERY OR CREMATORY Horn Cemetery	24d. LOCATION (City, town, or county) (State) Cassville, Mo. (Rural)
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DATE REC'D BY LOCAL REG. 2-9-52	REGISTRAR'S SIGNATURE James R Amos M.D. (new Reg)	25. FUNERAL DIRECTOR'S SIGNATURE William Wood	ADDRESS Aurora, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

13396

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

James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora 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.