

No. 34  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1901

State File No. ....

FEB 15 1952

REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 9

# 560  
4

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

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Schenck</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Belle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Green City 0950</u>	
c. LENGTH OF STAY (in this place) <u>1 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>San Lewis Nursing Home</u>			

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>E. E.</u> c. (Last) <u>Ashmead</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-9-1860</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Daniel B. Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Myra Smith</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Ashmead</u>	
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 <u>A. B. Ashmead Jewston, 210</u>	

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) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Broken Left Leg &amp; Shoulder</u>		<u>8 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>086</u>		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)		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 Jan 3, 1952 to Jan 29, 1952, that I last saw the deceased alive on Jan 27, 1952, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harriet L. W. Brooks D.O.</u>		23b. ADDRESS <u>La Belle Mo.</u>		23c. DATE SIGNED <u>Jan 30, 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Belle Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-11-52</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jack L. Brooks</u>	
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**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 *Jack S. Jooly* .....

Licensed Embalmer No. *4619* .....

P. O. Address *Princeton City, N.C.* .....

**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.