

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13884

State File No.

ED APR 29 1952

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		<u>0882</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u>		b. (Middle)		c. (Last) <u>Ash</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 20, 1878</u>		9. AGE (In years last birthday) <u>64</u> If under 1 year: Months <u>4</u> Days <u>3</u> Hours <u>...</u> Mins. <u>...</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>John D. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>J. E. Ash</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>J. E. Ash</u> ADDRESS <u>Moberly</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		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 <u>April 21, 1952</u> , to <u>April 23, 1952</u> , that I last saw the deceased alive on <u>April 23, 1952</u> , and that death occurred at <u>4:36 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. McCormick D.O.</u> (Degree or title)				23b. ADDRESS <u>360 E. Red St. Moberly, Mo</u>		23c. DATE SIGNED <u>4-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-25-52</u>		REGISTRAR'S SIGNATURE <u>Lois Chas. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Son</u>		ADDRESS <u>Moberly Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

883
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JAN 10 1958

MAY 14 1958

MAY 6 1958

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

Frank D. G. West

Licensed Embalmer No. 3021

P. O. Address

Moberly, 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.