

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21706**BIRTH No. **9** 1952REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**Registrar's No. **6098**

1. PLACE OF DEATH a. COUNTY Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (to this place) 1 Month	c. CITY (If outside corporate limits, write RURAL and give township) Hannibal		1644
d. FULL NAME OF HOSPITAL OR INSTITUTION 3731 1/2 Aldine Ave.			d. STREET ADDRESS (If rural, give location) 719 Hill Street		
3. NAME OF DECEASED (Type or Print) a. (First) Josie		b. (Middle)	c. (Last) Ashby	4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 6th 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) New London, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Perkins		13b. MOTHER'S MAIDEN NAME Martha Collins	14. NAME OF HUSBAND OR WIFE Jamés Ashby		
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flora Douglas 2728 Dayton St.			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis				7
	DUE TO (c) Left Hemiplegia				1
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition				
19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION				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 St Louis		(COUNTY)	(STATE) MO
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? 332X			
22. I hereby certify that I attended the deceased from 6-26-1952 , to 6-27-1952 , that I last saw the deceased alive on 6-27-1952 , and that death occurred at 3A m., from the causes and on the date stated above.					
23a. SIGNATURE Robert E. Long MD			(Degree or title)	23b. ADDRESS 4619 McMillan	23c. DATE SIGNED 6-28-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 28 '52	24c. NAME OF CEMETERY OR CREMATORY Via Motor	24d. LOCATION (City, town, or county) (State) Hannibal Missouri		
DATE REC'D BY LOCAL REG. JUN 30 1952	REGISTRAR'S SIGNATURE J. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home 4107 Finney		

(Licensed Embalmer's Statement on Reverse Side)

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

10-21

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. 4259

P. O. Address 4107 7-1

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.

10-21-10