

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30754**

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FILED SEP 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1019</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>1117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6318 Belding St.</u>				d. STREET ADDRESS (If rural, give location) <u>6318 Belding St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANEY</u>		b. (Middle) <u>AWILDA</u>		c. (Last) <u>ASHLOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 22 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-17-1866</u>			
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 24 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (State or foreign country) <u>Kokomo, Indiana</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William Ashlock</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Adee</u>			ADDRESS <u>6318 Belding St.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>									
INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u>									
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.									
ANTECEDENT CAUSES									
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
DUE TO (b) <u>Coronary Arteriosclerotic Heart Dis.</u> <u>Sev. Yrs.</u>									
DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>Sev. Years</u>									
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 <u>4201</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) (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 <u>2-2</u> , 19 <u>52</u> , to <u>9-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>52</u> , and that death occurred at <u>10:00P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John S. Kirk M.D.</u> (Degree or title)				23b. ADDRESS <u>Phy's & Surg's Building</u>		23c. DATE SIGNED <u>9-24-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-25-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 26, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Casper</u>		ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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, only _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John E. Rupp _____

Licensed Embalmer No. 37986 _____

P. O. Address St. Joseph, 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.