

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35999

FILED NOV 5 1952

State File No. 245
Registrar's No. 3056

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
c. LENGTH OF STAY (In this place) 3 months		d. STREET ADDRESS (If rural, give location) Merchants Hotel	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Ottis b. (Middle) Orville c. (Last) Ash		4. DATE OF DEATH (Month) (Day) (Year) Oct. 14th 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mch. 13th 1869
9. AGE (In years last birthday) 83	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D.	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? Mo
13a. FATHER'S NAME William P Ash	13b. MOTHER'S MAIDEN NAME Hester Wilson	14. NAME OF HUSBAND OR WIFE Mausie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs. O.O. Ash, Moberly, Mo ADDRESS Mo	
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 INTERVAL BETWEEN ONSET AND DEATH 10 da	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block		b. Arterial Sclerosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		c. Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4560		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 July 30, 1952 , to Oct 14th, 1952 , that I last saw the deceased alive on Oct 14th, 1952 , and that death occurred at 7:10 P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. J. Kelly, M.D.		23b. ADDRESS 203 1/2 N. Clark Moberly Mo	23c. DATE SIGNED 10-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-16-52	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo
DATE REC'D BY LOCAL REG. 10-16-52	REGISTRAR'S SIGNATURE Seal Blue...	25. FUNERAL DIRECTOR'S SIGNATURE Mahar and son Moberly, Mo ADDRESS Mo	

(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, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Franh D. D. Witt

Licensed Embalmer No. 3021

P. O. Address Mohrly, 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.