

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

37349

State File No. _____

FILED OCT 27 1952

BIRTH NO. 73925 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Danny</u> b. (Middle) <u>Lee</u> c. (Last) <u>Ash</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>10-11-1952</u>
9. AGE (In years last birthday) <u>—</u>		10. AGE (In years last birthday) <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Landell Ash</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ella Ford</u>	
14. NAME OF HUSBAND OR WIFE		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	
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>Stroke</u> ANTECEDENT CAUSES DUE TO (b) <u>Immaturity</u> DUE TO (c) <u>Rh Incompatibility</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>10-11</u> , 19 <u>52</u> , to <u>10-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-13</u> , 19 <u>52</u> , and that death occurred at <u>12:15</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>G. J. Martin M.D.</u>		23b. ADDRESS <u>Sikeston Mo</u>	
23c. DATE SIGNED <u>10-15-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Madrid Co.</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid Rural Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Father and Relatives, Marston Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-17-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED **OCT 20 1952**
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. **1052-291**

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.....
P. O. Address.....

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.