

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **2305**

2305

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid		c. LENGTH OF STAY (In this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid 8921			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 742 Mott			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Pinkney c. (Last) Aston				4. DATE OF DEATH (Month) (Day) (Year) Jan. 26 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 16, 1876	
9. AGE (In years last birthday) 76		10. MONTHS 1		11. DAYS 10		12. IF UNDER 18 HRS. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired.		11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Aston		13b. MOTHER'S MAIDEN NAME Sara Jane Aston		14. NAME OF HUSBAND OR WIFE Allie B. Aston			
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. 500-24-8-376		17. INFORMANT'S SIGNATURE OR NAME ADDRESS D.B. Aston			
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) Hypertension Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Myocarditis DUE TO (c) Myocardial weakening II. OTHER SIGNIFICANT CONDITIONS... Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 24, 1953 , to Jan 26, 1953 , that I last saw the deceased alive on Jan 26, 1953 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O.B. Chandler M.D.				23b. ADDRESS New Madrid Mo		23c. DATE SIGNED 1/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 28, 53		24c. NAME OF CEMETERY OR CREMATORY Evergreen		24d. LOCATION (City, town, or county) (State) New Madrid Mo.	
DATE REC'D BY LOCAL REG. 2-6-53		REGISTRAR'S SIGNATURE Helen Lou Jones		25. FUNERAL DIRECTOR'S SIGNATURE Richard Untch		ADDRESS New Madrid, 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

Jes H. H. H. H.

Licensed Embalmer No. *3803*

P. O. Address *New Madrid*

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.