

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17055**

FILED JUN 1- 1953

BIRTH NO. _____		REG. DIST. NO. 34		PRIMARY REG. DIST. NO. 5117		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Boone 0100				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone 0100			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Cedar Rural		d. STREET ADDRESS (If rural, give location) Hartsburg R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hartsburg R.F.D.							
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Estell		c. (Last) Ashlock		4. DATE OF DEATH (Month) (Day) (Year) May 22 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept 27 1909	
9. AGE (In years, last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Shaefer Ashlock		13b. MOTHER'S MAIDEN NAME Brooxie Hunt		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) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Shaefer Ashlock Hartsburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lacerations of Brain				INTERVAL BETWEEN ONSET AND DEATH immediate	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Crushed Skull				immediate	
DUE TO (c)		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 010 E8350 33				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm driveway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar Boone Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 22, 1953 7:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off running board of truck, wheels passed over head			
22. I hereby certify that I attended the deceased from May 22 , 19 53 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Henry Sweets Jr MD (Degree or title) Coroner 3				23b. ADDRESS 909 University Ave Columbia Mo		23c. DATE SIGNED 5/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 24 1953		24c. NAME OF CEMETERY OR CREMATORY Boone Farm Cent.		24d. LOCATION (City, town, or county) (State) Boone County Mo	
DATE REC'D BY LOCAL REG. May 23/53		REGISTRAR'S SIGNATURE Mrs Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE W.C. Burnett Ashland Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *W. L. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Oakland, M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.