

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17182

FILED MAY 27 1953

State File No. 17182  
Registrar's No. 205

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>01240</u>			2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Clay</u> <u>80-30</u>		
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>3wks</u>	c. CITY OR TOWN <u>Knobel</u>		Cache Township <u>8</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Milan</u>	b. (Middle) _____	c. (Last) <u>Ashby Sr.</u>	(Month) <u>May</u>	(Day) <u>9</u>	(Year) <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 6, 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman Retired MOP RR</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Tomroe Ashby</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Sisk</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Carolyn Ashby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-18-1427</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Milan Ashby Jr.</u> ADDRESS <u>Knobel, Arkansas</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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</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) _____		
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS <u>Bronchial Pneumonia with Pleural Effusion</u>		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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>April 25, 1953</u> , to <u>May 9, 1953</u> , that I last saw the deceased alive on <u>May 9, 1953</u> and that death occurred at <u>2:55 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. W. Moore</u> (Degree or title) _____			23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>5/16/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bond Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Knobel, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>5/18/53</u>	REGISTRAR'S SIGNATURE <u>R. A. M. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard O. Eversell</u>		ADDRESS <u>Conning, Ark.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 25 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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, on 5/25/53

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*Richard O. Egan*

Licensed Embalmer No. 182

P. O. Address Corning, NY

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

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