

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24553**

FILED AUG 4 - 1953

REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5532 Registrar's No. 48

0440

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

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maitland-rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maitland-rural CLAY TWP.</u>	
c. LENGTH OF STAY (In this place) <u>6 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>-</u> c. (Last) <u>Ashworth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-30-1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-7-1861</u>
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Oregon-Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Ashworth</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ennis</u>	
13c. NAME OF HUSBAND OR WIFE <u>Julia Patterson-deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Ashworth-Maitland-Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH *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 Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</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>7-12</u> , 1953, to <u>7-30</u> , 1953, that I last saw the deceased alive on <u>7-30</u> , 1953, and that death occurred at <u>12:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Perry</u>		23b. ADDRESS <u>Mound City Mo</u>	
23c. DATE SIGNED <u>8-1-53</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>8-1-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>K of P Cem-</u>		24d. LOCATION (City, town, or county) (State) <u>Maitland - Mo -</u>	
DATE REC'D BY LOCAL REG. <u>8-1-53</u>		REGISTRAR'S SIGNATURE <u>James Crawford</u>	
25. FULL NAME OF DIRECTOR'S SIGNATURE <u>Wm. Ashworth</u>		ADDRESS <u>Maryville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

G. M. Atkinson

Licensed Embalmer No. *3279*

P. O. Address *Maryville, 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.