

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4656

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon		c. LENGTH OF STAY (in this place) 8 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon	
		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Sterling c. (Last) Ashworth			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 4 1888		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Thomas County Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming			

13a. FATHER'S NAME John Ashworth		13b. MOTHER'S MAIDEN NAME Flora B. Norris		14. NAME OF HUSBAND OR WIFE Lennie Leota Ashworth	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Leroy Fancher	
				ADDRESS Oregon Missouri	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UNKNOWN					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7955	

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?			
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22. I hereby certify that I attended the deceased from XX, 19__, to ____, 19__, that I last saw the deceased alive on XX, 19__, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Corbin D.O. CORONER HOLT		23b. ADDRESS Oregon Mo.		23c. DATE SIGNED 2-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 22 1954		24c. NAME OF CEMETERY OR CREMATORY Oregon	
				24d. LOCATION (City, town, or county) (State) Oregon Missouri	

DATE REC'D BY LOCAL REG. 2-24-1954		REGISTRAR'S SIGNATURE James H. Crawford 469		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew Oregon Mo		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 29 1954

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

James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.