

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHForm 10 9722
State File No. 57

BIRTH NO. <u>515</u> MAR 22 1954		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>4443</u>		Registrar's No. <u>57</u>			
1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>RANDOLPH</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNTSVILLE</u>		c. LENGTH OF STAY (In this place) <u>2 YR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY MO</u>		<u>0883</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PLEASANT VIEW REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>MOBERLY MO</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle)		c. (Last) <u>ASHBURY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 13 1954</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>APRIL 15 1910</u>			
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROADING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SNOW WIPER</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>JOHN ASHBURY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY SWEEZER</u>		ADDRESS <u>MOBERLY MO</u>			
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 mon</u> <u>D.K.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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) (Min.)		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>Mar 1</u> , 1954, to <u>March 12</u> , 1954, that I last saw the deceased alive on <u>Mar 12</u> , 1954, and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. V. Dreyer M.D.</u>				23b. ADDRESS <u>Huntsville Mo</u>		23c. DATE SIGNED <u>3/16/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAYLAND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MOBERLY MO</u>			
DATE REC'D BY LOCAL REG. <u>3-16-54</u>		REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Stearns</u>		ADDRESS <u>Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1951 9 1 70P

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

Charles V. Greening

Licensed Embalmer No. *4625*

P. O. Address *Clarence 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.