

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11144**

FILED MAY 11 1954

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **32**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Barton		a. STATE Missouri	b. COUNTY Barton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 803 Poplar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) MAE	c. (Last) ASHBY	4. DATE OF DEATH (Month) (Day) (Year) May 5 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 22 1879	9. AGE (In years last birthday) 74	10. MONTHS 6	11. DAYS 13	12. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Henry Fletcher	13b. MOTHER'S MAIDEN NAME Fannie Wood	14. NAME OF HUSBAND OR WIFE William W. Ashby
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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. xxx	17. INFORMANT'S SIGNATURE OR NAME R. W. Ashby, Nevada, Missouri	ADDRESS
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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 May 3, 54 yes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) Arteriosclerosis		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 _____, 1947, to May 5, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 1:00a m., from the causes and on the date stated above.

23a. SIGNATURE Ben T. Bickel, MD (Degree or title)	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED 5/5/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 6 1954	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
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DATE REC'D BY LOCAL REG. MAY 6 - 1954	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

0361 08 1958

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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.