

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16638

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Todd</u>			b. (Middle) <u>V.</u>			c. (Last) <u>Ashcroft</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1954</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>Jan. 7, 1878</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MO. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building contractor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Princeton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Ashcroft</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Boxley</u>			14. NAME OF HUSBAND OR WIFE <u>Bessie Ashcroft</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>496 05-4337</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell Ashcroft</u> ADDRESS <u>Princeton, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture of surgical neck of femur</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u><del>arteriosclerosis</del> arteriosclerosis</u> DUE TO (c) <u>hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>13 da.</u> <u>4 yrs</u> <u>4 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>prostatitis</u>					<u>E9030</u> <u>20</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Princeton Mercer Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 5 54 2P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on floor due to vertigo</u>				
22. I hereby certify that I attended the deceased from <u>7-28-50, 19</u> , to <u>5-18-54, 19</u> , that I last saw the deceased alive on <u>5-18-54, 19</u> , and that death occurred at <u>3:20 AM</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dauglas J. Pearce DO.</u>				23b. ADDRESS <u>Princeton Missouri</u>		23c. DATE SIGNED <u>5-18-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-21-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Martin Funeral Home Princeton, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 1956

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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.