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FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25951

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 23

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

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
c. LENGTH OF STAY (in this place): 46 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 217 PARKER AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
d. STREET ADDRESS (If rural, give location): 217 PARKER AVE.

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3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELLA
c. (Last): ASHLEY

4. DATE OF DEATH (Month) (Day) (Year): JULY 24, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: MAY 26, 1867
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 1, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): HORN DEAK, TENNESSEE
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Coleman Harvey Carroll
13b. MOTHER'S MAIDEN NAME: Susan Lippard
14. NAME OF HUSBAND OR WIFE: F.N. ASHLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: IRIS FOLEY - CHAFFEE, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Atrophic Senile Changes — 4 years
DUE TO (c): Apoplexy Cerebral — 4 years

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: 334 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 7-24, 1954, *that I last saw the deceased alive on* 7-24, 1954 *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. O. Finney O M.D.
23b. ADDRESS: B+L. Bldg. Chaffee, Mo.
23c. DATE SIGNED: 7-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-26-1954
24c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEMETERY
24d. LOCATION (City, town, or county) (State): CHAFFEE, MISSOURI

DATE REC'D BY LOCAL REG.: 7-28-54
REGISTRAR'S SIGNATURE: Mary Bispling Lopp O 445
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jack T. Burnett - Chaffee, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED AUG 2 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 854-153

AUG 6

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 Jack I. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.