

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

7481

State File No. ....

FILED APR 12 1955

BIRTH NO. ....		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5174</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Climax Springs</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Climax Springs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Dal</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sherman</u>		b. (Middle) <u>Ash</u>		c. (Last) <u>Ash</u>	
4. DATE OF DEATH		Month <u>Mar</u>		Day <u>16</u>		Year <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sep 8 - 1867</u>		9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 15 YRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agr</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rainy Creek, Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bill Ash</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Boone</u>		13c. NAME OF HUSBAND OR WIFE <u>James Earl Martha Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state branch) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Ash, as above</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Interstitial Nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>1 year</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>592x</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) m.		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>54</u> to <u>March 7, 1955</u> that I last saw the deceased alive on <u>March 7, 1955</u> , and that death occurred at <u>54</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E.C. Claiborn M.D.</u>		23b. ADDRESS <u>Camden Mo.</u>		23c. DATE SIGNED <u>4-7-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 18 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Black</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-9-55</u>		REGISTRAR'S SIGNATURE <u>Alda R. Eldred</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolley</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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

*Abbie Banksen Woolverton*

Licensed Embalmer No. ~~2488~~ 2488

P. O. Address *Candover N.H.*

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.