

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26774

BIRTH NO. 50948-55 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Levin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. CITY OR TOWN <u>La Belle</u>	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hebron Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0501</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Not named</u> b. (Middle) <u>Ashford</u> c. (Last) <u>Ashford</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>8</u> (Year) <u>55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>9/8/55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Edina MO</u>	
13a. FATHER'S NAME <u>William B. Ashford</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Underwood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>William B. Ashford</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.		14. NAME OF HUSBAND OR WIFE	
17. INFORMANT'S SIGNATURE OR NAME <u>William B. Ashford</u>		ADDRESS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?		20. AUTOPSY? YES ☐ NO ☒	
22. I hereby certify that I attended the deceased from <u>9/8</u> , 19 <u>55</u> , to <u>9/8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/8</u> , 19 <u>55</u> , and that death occurred at <u>11:50 AM</u> from the causes and on the date stated above.		23a. SIGNATURE <u>Waldo B. Horn</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>Knox City MO</u>		23c. DATE SIGNED <u>9/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newark</u>	24d. LOCATION (City, town, or county) (State) <u>Newark MO</u>
DATE REC'D BY LOCAL REG. <u>Sept. 8-55</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Seeger</u> ADDRESS <u>Knox City MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.. *Not Embalmed*

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.