

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26793

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5626		Registrar's No. 139	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission). a. STATE <u>Missouri</u> b. CITY OR TOWN <u>Camden</u> c. CITY OR TOWN <u>Blumington Springs</u> d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Eldridge Twp</u>				c. LENGTH OF STAY (in this place) <u>2 weeks</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>Gen Del.</u>			
3. NAME OF DECEASED a. (First) <u>Martha Allen Ash</u> b. (Middle) _____ c. (Last) _____				4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>18</u> (Year) <u>1955</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>7-7-1873</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co. Mo</u>	
11a. FATHER'S NAME <u>John Allen</u>		11b. MOTHER'S MAIDEN NAME <u>unknown</u>		11c. NAME OF HUSBAND OR WIFE <u>Sherman Ash</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		14. SOCIAL SECURITY NO. <u>-</u>		15. INFORMANT'S SIGNATURE OR NAME <u>Records + neighbors</u>		16. ADDRESS <u>as above</u>	
17. 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Stomach</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>				18. MEDICAL CERTIFICATION INTERVAL: ONSET AND DEATH <u>2 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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>Aug 16, 1955</u> to <u>Aug 16, 1955</u> , that I last saw the deceased alive on <u>Aug 16, 1955</u> , and that death occurred at <u>1:15 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Salzman M.D.</u>				23b. ADDRESS <u>Camden Mo</u>		23c. DATE SIGNED <u>8-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 21-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clark - Rural</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-29-1955</u>		REGISTRAR'S SIGNATURE <u>Allie L. Hay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen - Woolery mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received 9-6-55
Laclede County Health Unit
File No. 139
Date Filed 9-6-55

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.....
Signature of Student Embalmer

Signed Dorsey M. Howe
Licensed Embalmer No. 42

P. O. Address Lebanon

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.