

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9636

State File No.

BIRTH NO.		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4272</u>		Registrar's No. <u>14</u> (1956)	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly, Mo.</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelling Clinic</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY OR TOWN <u>Corder</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Lee</u> c. (Last) <u>Ashford</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>9</u> <u>56</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>1-6-1878</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTH <u>2</u>		11. DAY <u>3</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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>Farm</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Blackburn, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Ashford</u>				13b. MOTHER'S MAIDEN NAME <u>Lucy Roberts</u>			
14. NAME OF HUSBAND OR WIFE <u>Ella Beard Ashford</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>491-20-0647</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Ashford Corder</u> ADDRESS <u>Mo.</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardio vascular renal disease</u> ANTECEDENT CAUSES Morbidity 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 ???				20. AUTOPSY? YES ☐ NO ☒			
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.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>Feb.</u> , 19 <u>56</u> , to <u>Mar. 9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 9</u> , 19 <u>56</u> , and that death occurred at <u>9:10 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wayne Kellery M.D.</u>				23b. ADDRESS <u>Waverly, Missouri</u>		23c. DATE SIGNED <u>3/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Corder, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 13/56</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Forrest H. Hooper</u>		ADDRESS <u>Higginsville, 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..

Student.....
Signature of Student Embalmer

Signed... *Forrest R. Hooper*

Licensed Embalmer No. 4801...

P. O. Address Higginville,

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.