

FILED MAY 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14006**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>147</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>105 Dowling</u> cl. 4/5			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>William Eldon Ashburn</u>			b. (Middle)	
			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>October 10, 1911</u>	
						9. AGE (In years last birthday) Months Days <u>44</u> <u>6</u> <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>I. S. Company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ashburn Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>George Ashburn</u>			13b. MOTHER'S MAIDEN NAME <u>Gertrude Whitten</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486 12 0844</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Ashburn, Hannibal Missouri</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				<u>3-8-56</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertensive cardiac vascular disease</u>				<u>2-9-56</u>	
		DUE TO (c) <u>pulmonary infarction</u>				<u>9-27-55</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>congestive failure</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) <u>Hannibal Marion Mo.</u>			
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>9-27-56</u> , 19 <u> </u> , to <u>4-21-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4-21-56</u> , 19 <u> </u> , and that death occurred at <u>7:40P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. Watuschek M.D.</u>				23b. ADDRESS <u>508 Broadway, Hannibal, Mo</u>		23c. DATE SIGNED <u>4-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pritchett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Halls County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-24-56</u>		REGISTRAR'S SIGNATURE <u>W. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Fisher</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 30 1956
MARION CO. HEALTH DEPT.,
DATE FILED APR 30 1956

APR 30 1956

APR 30 1956

APR 30 1956

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 *W Crawford Smith*.....
Licensed Embalmer No. 381

P. O. Address Hannibal

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.