

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1956

State File No. **24254**

BIRTH NO. _____		REG. DIST. NO. <b>169</b>		PRIMARY REG. DIST. NO. <b>4258</b>		Registrar's No. <b>47</b>	
1. PLACE OF DEATH a. COUNTY <b>Knox</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Edina</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Shelbina</b>		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 <b>Gibson Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>10267</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>		b. (Middle) <b>Robert</b>		c. (Last) <b>Ashcroft</b>	
4. DATE OF DEATH		(Month) <b>Aug.</b>		(Day) <b>2</b>		(Year) <b>1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Sept. 25, 1927</b>	
9. AGE (In years last birthday) <b>28</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Supply store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Allendale, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Ashcroft</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Rose Reed</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-34-9968</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Ashcroft, Shelbina, Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basal skull fracture</b>  ANTECEDENT CAUSES DUE TO (b) <b>Automobile accident</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 <b>45 min.</b>	
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On road</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Novelty, Knox, Mo.</b>		(COUNTY) (STATE)	
21d. TIME OF INJURY <b>8-2-56</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Head-on collision between two cars</b>			
22. I hereby certify that I attended the deceased from <b>2.00 P.M.</b> , 19 <b>56</b> , to <b>2.27 P.M.</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>8-2-56</b> , 19 <b>56</b> , and that death occurred at <b>2.27 P.M.</b> , 19 <b>56</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Wright</b>				23b. ADDRESS <b>Leonard, Mo.</b>		23c. DATE SIGNED <b>8-3-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 4, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cameron, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Aug 7-56</b>		REGISTRAR'S SIGNATURE <b>Helle L. Hunolt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hayes Funeral Home, Shelbina, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 14 1956

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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..... *Paul E. Hayes*

Licensed Embalmer No. 4461

P. O. Address Shelbina, MO

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.