

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26711

State File No.

BIRTH NO.		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 302d		Registrar's No. 79	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (In this place) 3 WKS		c. CITY OR TOWN Fayette		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				STREET ADDRESS (If rural, give location) Morrison St. 4010			
3. NAME OF DECEASED (Type or Print) Kerman		a. (First) William		b. (Middle) Ashcraft		c. (Last) Aug. 6, 1956	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 3, 1892		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months 1 Days 3		11. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) Howard Co. Sheriff		10b. KIND OF BUSINESS OR INDUSTRY Peace Officer		11. BIRTHPLACE (City and State, or Foreign Country) Robertson Co. Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James C. Ashcraft		13b. MOTHER'S MAIDEN NAME Helen Ashpaugh		14. NAME OF HUSBAND OR WIFE Essa Mae Amick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and unknown) No		16. SOCIAL SECURITY 487-22-0790		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Kerman W. Ashcraft-Fayette, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary Disease</u> DUE TO (c) <u>Cerebral Embolus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>4 yrs</u> <u>4 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		4201	
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) m.		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>Sept 1, 1956</u> , to <u>Sept 8, 1956</u> , that I last saw the deceased alive on <u>Sept 6, 1956</u> , and that death occurred at <u>8-8-56</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Bloom</u>				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>8-8-56</u>	
24a. BURIAL, CREMATION, REBURY (Specify) <u>Reburied</u>		24b. DATE <u>8/8/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery Fayette, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8-8-56</u>		REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Case</u>		ADDRESS Fayette, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed:

Ralph A. Carr

Licensed Embalmer No. *334*

P. O. Address *Hayette,*

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.