

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 - 1956

State File No. **33085**

BIRTH NO. _____		REG. DIST. NO. 25		PRIMARY REG. DIST. NO. 4036		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) Rich Hill		c. LENGTH OF STAY (In this place) 3yrs		c. CITY OR TOWN Rich Hill		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION 107 W. Park Ave.				e. STREET ADDRESS (If rural, give location) 107 W. Park Ave.			
3. NAME OF DECEASED (Type or Print) JACK		a. (First)		b. (Middle) BALDERSON		c. (Last) ASHTON	
4. DATE OF DEATH		Month Nov.		Day 3		Year 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 17, 1878	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber		10b. KIND OF BUSINESS OR INDUSTRY barbering		11. BIRTHPLACE (City and State or Foreign Country) Meigs Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Ashton		13b. MOTHER'S MAIDEN NAME McFarland		14. NAME OF HUSBAND OR WIFE Mable Ashton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-05-0909A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mable Ashton		ADDRESS Rich Hill, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I, Dr. J. H. [Signature] , certify that the deceased died of the following cause: Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Franklin [Signature] 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 ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 Jan 4, 1954 to Nov 3, 1956 that I last saw the deceased alive on Nov 3, 1956 , and that death occurred at Rich Hill, Mo. , from the causes and on the date stated above.							
23. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS Rich Hill, Mo.		23c. DATE SIGNED Nov 5 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 11/5/56		24c. NAME OF CEMETERY OR CREMATORY Newcomers Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 11-7-1956		REGISTRAR'S SIGNATURE Mrs. Edna Douglas		25. FUNERAL DIRECTOR'S SIGNATURE Booth's		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

21-0

VS FEB 8 1960

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.....

Licensed Embalmer No. 358

P. O. Address Butler, 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.