

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35049**

FILED OCT 17 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>				
b. CITY OR TOWN <u>Humansville</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau</u>				d. STREET ADDRESS (If rural, give location) <u>2 Miles N. of Weaubleau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Summit Memorial Hospital</u>			3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>E</u> c. (Last) <u>Ashcraft</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED,* WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>JAN 13-1864</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 24 HRS. Hours <u>24</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (State or foreign country) <u>Sioux City Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Nathan Wells Putnam</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Ashcraft</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Ashcraft</u> ADDRESS <u>Weaubleau, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid 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 <u>1 week</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>331x</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>August 1956</u> , to <u>10/7</u> , 1956, that I last saw the deceased alive on <u>10/7</u> , 1956, and that death occurred at <u>11:50 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.A. Robinson M.D.</u> (Degree or title)			23b. ADDRESS <u>Humansville Mo.</u>		23c. DATE SIGNED <u>10/9/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 9-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Weaubleau, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 13, 1956</u>		REGISTRAR'S SIGNATURE <u>Ralph Dordawperdell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Silbert H. Hawley</u> ADDRESS <u>St. Matthews, Mo</u>			

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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
Student Embalmer

Signed *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Tubestead, 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 this body is not embalmed, fact should be so stated above.