

FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44729

BIRTH NO. 77987-56 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JASPER	
b. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 11 DA		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 NONE		e. STREET ADDRESS (If rural, give location) 049th	

3. NAME OF DECEASED (Type or Print) a. (First) NORMAN b. (Middle) Jane c. (Last) ASH			4. DATE OF DEATH (Month) (Day) (Year) 11-28-1956		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NONE	
8. DATE OF BIRTH 11-17-1956		9. AGE (In years last birthday) 0 Months 0 Days 11		10. IF UNDER 1 YEAR IF UNDER 1 Hrs. Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY ←		11. BIRTHPLACE (City and State or foreign Country) Webb City Mo	
12. CITIZENSHIP OF WHAT COUNTRY US					

13a. FATHER'S NAME Wilhard ASH		13b. MOTHER'S MAIDEN NAME FERN Behamy		14. NAME OF HUSBAND OR WIFE ←	
---------------------------------------	--	--	--	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Wilhard ASH ADDRESS Joplin 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious enteritis				INTERVAL BETWEEN ONSET AND DEATH days	
		ANTECEDENT CAUSES Morbidity 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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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)	
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 **11-17-56**, to **estimate**, 19**56**, that I last saw the deceased alive on **11-17-56**, and that death occurred at **8:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. O. Martin (Degree or title) D. O.		23b. ADDRESS 709 Joplin St Joplin Mo		23c. DATE SIGNED 1-18-57	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-29-56		24c. NAME OF CEMETERY OR CREMATORY TRACY CEM		24d. LOCATION (City, town, or county) (State) ANDERSON (R) MO	
---	--	---------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. Feb. 7-57		REGISTRAR'S SIGNATURE Doyle Merriam		25. FUNERAL DIRECTOR'S SIGNATURE T. M. Humphrey ADDRESS Frederick Mo	
---	--	--	--	--	--

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

526

Jasper County Health Officer
County File Number 57-2-112
Date Filed FEB 11 1957

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 *Mayne E. Humphreys*
Licensed Embalmer No. *426*

P. O. Address *Pineville*

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.