

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7766

FILED MAR 18 1957

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Page		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Shenandoah		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Hi-Way No. 71 and Blackwell Road			d. STREET ADDRESS R. R. #3		Length of stay in lb nil Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GLADYS ASHBAUGH			4. DATE OF DEATH Month Day Year Mar. 11 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4, 1902	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Nebraska		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
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. 483-40-3512	17. INFORMANT Address Harold Ashbaugh Kansas City, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extreme Cerebral Concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) automobile accident DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) automobile collision			
20c. TIME OF INJURY Hour Month, Day, Year 9:10 a. m. MAY 11 1957					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) highway		20f. CITY, TOWN, OR LOCATION 011 COUNTY Buchanan Co MO STATE	
21. I attended the deceased from me to me and last saw me alive on me Death occurred at 9:10A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Stemelney M.D. Coronor 3			22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 3-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-11-57	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Shenandoah Iowa
24. FUNERAL DIRECTOR Nackett Funeral Home		ADDRESS Shenandoah, Iowa	25. DATE RECD. BY LOCAL REG. March 15, 1957	26. REGISTRAR'S SIGNATURE Cohen M. Allison	

with, self, public, vice, 00-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Director, coroner, etc. must use only standard non-removable embossed forms, diseases in Part I must be casually related. Coroner must certify to a death due to natural causes.

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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 *George G. Kerby*.....

Licensed Embalmer No. *4478*

P. O. Address *Forest*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.