

Health, Welfare, Public Service
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 All diseases in Part I must be causally related.

FILED JUN 10 1957

STANDARD CERTIFICATE OF DEATH

18153

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 263

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>WARSAW (Rt 3)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Rest Home</u> | | Length of stay in 1b <u>6 days</u> | d. STREET ADDRESS (If outside, give location) <u>5 miles S. E</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Lester ASHLEY</u> | | | 4. DATE OF DEATH Month Day Year <u>June 5, 1957</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 17, 1900</u> |
| 9. AGE (In years last birthday) <u>57</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u> | 11. BIRTHPLACE (City and state or country) <u>Hickory Co. Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | | 13a. FATHER'S NAME <u>Piley Ashley</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Dora Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>_____</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>_____</u> | 17. INFORMANT <u>Rachel Jackson</u> Address <u>Fairfield, Mo</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Thrombotic Encephalomalacia</u> DUE TO (c) <u>Atherosclerosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u> <u>10 days</u> <u>✓</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332x</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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.) | | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from <u>May 24 1957</u> to <u>June 5 1957</u> and last saw him alive on <u>May 31, 1957</u> Death occurred at <u>6:45 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>Emmettally D.D.</u> | |
| 22b. ADDRESS <u>Warsaw Mo</u> | | 22c. DATE SIGNED <u>6-7-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>June 8, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Dorley Bend Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Hickory Co. Mo</u> |
| 24. FUNERAL DIRECTOR <u>John J. Reser</u> | ADDRESS <u>Warsaw</u> | 25. DATE RECD. BY LOCAL REG. <u>6-7-57</u> | 26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u> |

(Licensed Embalmer's Statement on Reverse Side)

APR 12 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 *John F. Reser*

Licensed Embalmer No. *4098*
P. O. Address *Warsaw*

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.