

FILED JUN 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. 20807

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u> 0400	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>Liberty Sup Route 7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>FRED</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>ASH</u>		4. DATE OF DEATH <u>6-15-1957</u> (Month) (Day) (Year)		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>4-5-1890</u>	9. AGE (In years last birthday) <u>67</u>	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) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Meru Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>W.R. Ash</u>		13b. MOTHER'S MAIDEN NAME <u>Elzada Mulvania</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Brown Ash</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>498-40-7348AB</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Ash</u> ADDRESS <u>Trenton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Coma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic interstitial nephritis</u>		<u>3 weeks</u>
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chancered Left Leg</u>			<u>3 days</u>

19a. DATE OF OPERATION <u>June 15 1957</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chancered Left Original Nema</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		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 June 15 1957, to June 15 1957, that I last saw the deceased alive on June 15 1957, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clara J. Dyer, M.D.</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>June 16 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-17-57</u>	24c. NAME OF CEMETERY OR OREMATORY <u>W. Ware, Creek Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton Mo</u>
DATE REC'D BY LOCAL REG. <u>6-17-57</u>		REGISTRAR'S SIGNATURE <u>J. Reine J. J. J.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Payne</u> ADDRESS <u>San Galt Mo</u>

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

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.....
PK Payne Jr

Licensed Embalmer No. *340*

P. O. Address *Galt*

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.