

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 2 3 2 8

STATE FILE NUMBER

4842

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Missouri Pacific Hospital DOA				Length of stay in lb 3/09		d. STREET ADDRESS (If outside, give location) 3916a Lee Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Louise Imogene Ashbaugh			4. DATE OF DEATH Month Day Year May 21, 1957				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 24, 1920	
9. AGE (In years last birthday) 37		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Springfield, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME William Walsworth				14. MOTHER'S MAIDEN NAME Nora 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. Unknown		17. INFORMANT Clarence Ashbaugh, 3916a Lee Ave.			
18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Seconal Poisoning;</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT BELIEVED TO BE THE TERMINAL DISEASE CONDITION(S) IN LAST STATE. <i>Approximately 14 days before death, all or about May 21st, it is rather accidental or suicidal could not be determined.</i>							INTERVAL BETWEEN ONSET AND DEATH
20a. MANNER OF DEATH <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>E 871-0 14</i>					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 01					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 000		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>4:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE <i>Robert M. Quinn</i>				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 5/23/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5-22-57		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (Site) Springfield, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. MAY 23 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Examined at home

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

101.5 1957

MAY 28 1958

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 Elmer R. Pennington

Licensed Embalmer No. 43

P. O. Address St. Louis

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.