

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28186
STATE FILE NUMBER
3618
Registrar's No.

FILED AUG 23 1957

Registration District No. 149 Primary Registration District No. 1002

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 2705 E. 12th		Length of stay in lb. 14 yrs.	
HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 2705 E. 12th	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Hulda Middle Catherine Last ASHINHUST			4. DATE OF DEATH Aug 6 - 1 - 1957		
			Month Day Year		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1 - 1863	9. AGE (In years last birthday) 94	10. FUNDER YEAR	11. IF UNDER 24 HRS.
					Months	Days
					Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done at most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (City and state or country) Quincy Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Miller	13b. MOTHER'S MAIDEN NAME Lionna Peach	14. NAME OF HUSBAND OR WIFE John T. Ashinhust
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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. None	17. INFORMANT Ms. Nora Witt	Address 2705 E. 12th N.C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chor Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs - 10 yrs - 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerosis	
	DUE TO (c) Sensility	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221		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.)
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20c. TIME OF INJURY None	Month, Day, Year
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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
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21. I attended the deceased from **June 1954** to **8-1-57** and last saw her alive on **8/1/57**
Death occurred at **6 pm** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M-B Casbolt Mo	(Degree or title)	22b. ADDRESS 4000 Baltimore	22c. DATE SIGNED 8/12/57
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	Aug - 2 - 1957	Pleasant Hill Cem.	Pleasant Hill, Missouri

24. FUNERAL DIRECTOR C.E. Blackman & Son Inc.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-2-57	26. REGISTRAR'S SIGNATURE Reva Marshall
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H.C. Mo. (Licensed Embalmer's Statement on Reverse Side)

M. B. Casbolt USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 28 1951

KP

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 *Bert B. Bennett*

Licensed Embalmer No. *4656*
P. O. Address *R. C. J.*

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.