

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3084 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>		c. CITY OR TOWN <u>FOKIA</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>PIKE CO. HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. #1</u>	
3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>ASHBY</u> Last <u>ASHBY</u>		4. DATE OF DEATH Month <u>AUG</u> Day <u>4</u> Year <u>1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 6 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	
11. BIRTHPLACE (City and state or country) <u>CLARKSVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WALTER ASHBY</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE LAWS</u>	
14. NAME OF HUSBAND OR WIFE <u>DAISY ASHBY</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>NONE</u>		17. INFORMANT <u>MRS DAISY ASHBY, LOUISIANA, 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>Cerebral embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>post-operative supra-pubic prostatectomy</u> DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>610x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>1 day</u>	
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.) <u>-----</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>		20f. CITY, TOWN, OR LOCATION <u>FOKIA</u>	
20g. COUNTY <u>MISSOURI</u>		20h. STATE <u>MISSOURI</u>	
21. I attended the deceased from <u>7-30-57</u> to <u>8-4-57</u> and last saw him alive on <u>8-4-57</u> Death occurred at <u>9:00P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Louisiana, Missouri</u>	
22a. DATE SIGNED <u>8-17-57</u>		22b. SIGNATURE <u>Bernice Collier</u>	
23a. NAME OF CEMETERY OR CREMATORY <u>FOKIA CEMETERY</u>		23b. LOCATION (City, town, or county) <u>FOKIA, MO.</u>	
24. FUNERAL DIRECTOR <u>GEO. M. COLLIER</u>		25. DATE REGD. BY LOCAL REG. <u>Aug 17, 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Geo. M. Callier

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.