

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018008

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2463

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If inside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8200 Indep. Ave.</u>		Length of stay in 15' <u>52 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>8200 Indep. Ave.</u>
3. NAME OF DECEASED (Type or print) First <u>Leonidas</u> Middle <u>Be Bee</u> Last <u>Ashurst</u>		4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>June-1-1869</u>
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe-Yards</u>	9. AGE (In years last birthday) <u>88</u>
11. BIRTHPLACE (City and state or country) <u>Georgetown Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert B. Ashurst</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah V. Ware</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Ashurst</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>496-16-9686</u>	17. INFORMANT Address <u>Miss Sallie A. Ashurst 8200 Indep. Ave. K.C. 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>arteriosclerosis Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Chronic</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u> <u>4200</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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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>Oct 23, 1949</u> to <u>May 14, 1958</u> and last saw ^{her} him alive on <u>May 13, 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, <u>on</u> the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. H. Hickerson M.D.</u>		22b. ADDRESS <u>604 W. Maple Independence Mo.</u>	22c. DATE SIGNED <u>5/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>5-16-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blackburn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Blackburn Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>C. J. Blackburn 1st Ave. K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-15-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Trinsall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. H. Hickerson

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 *W. C. Rissne*

Licensed Embalmer No. *4879*

P. O. Address *K.C., Mo.*

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.