

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026297

STATE FILE NUMBER

FILED, AUG 7 1958

Registration District No. 218

Primary Registration District No. 5784

Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie, James Boyou		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN East Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi. S. E. East Prairie, Life		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Rt. #2 East Prairie		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Jack Barker Ashlock			4. DATE OF DEATH Month Day Year July 25, 1958		
5. SEX Male	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 11-20-1922	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Mississippi County Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Jack H. Ashlock		13b. MOTHER'S MAIDEN NAME Odie Barker		14. NAME OF HUSBAND OR WIFE Patty Hudson Ashlock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War Two		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs. Patty Ashlock, East Prairie, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning					INTERVAL BETWEEN ONSET AND DEATH 9298 42
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 related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Accidental drowned while fishing in mid-stream of			
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m. 7-27-58		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Wilkerson drainage ditch approximately 7 miles south of East Prairie, Mo. 067			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wilkerson ditch	20f. CITY, TOWN, OR LOCATION 7 Miles S. of East Prairie, Mo.		COUNTY STATE
21. I attended the deceased from after death as Coroner and last saw ^{her} _{him} alive on _____ Death occurred at 4:07 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) E. J. McPherson Coroner 3			22b. ADDRESS Charleston, Missouri		22c. DATE SIGNED 7/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-27-58	23c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Missouri		
24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 8-4-58	26. REGISTRAR'S SIGNATURE Bertrude G. Harper		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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AUG 11 1958

RECEIVED

Miss. Co. Health Dep

County File No.

Date Filed 8-6-58

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 *James Hulby*

Licensed Embalmer No. 275

P. O. Address East Prairie

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.