

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029712

STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 227

Primary Registration District No. 5804

Registrar's No. 49

300
-57
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1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0690 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 2, PARIS		Length of stay in lb 7 YRS.	d. STREET ADDRESS (If outside, give location) RFD # 2, PARIS Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JAMES MACK ASHCRAFT			4. DATE OF DEATH Month Day Year AUG 22, 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 JUNE 14, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. (If retired)) DELIVERY & SALESMAN OIL TANK TR. OPER.		10b. KIND OF BUSINESS OR INDUSTRY MONROE CO., MO.	11. BIRTHPLACE (City and state or country) U. S. A.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME JAMES ASHCRAFT		13b. MOTHER'S MAIDEN NAME KITTY HERRINGTON		14. NAME OF HUSBAND OR WIFE RUTH POWER ASHCRAFT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) No		16. SOCIAL SECURITY NO. 4-93-32-8829		17. INFORMANT Address MRS. J. M. ASHCRAFT, PARIS, 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) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH Few Minutes
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 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 Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 4201		COUNTY STATE	

21. I attended the deceased from **did not attend him** and last saw her/him alive on **4:30 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. Barnett	(Degree or title) M.D. REGISTRAR	22b. ADDRESS PARIS, MO.	22c. DATE SIGNED 8-23-58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 8-24-58	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	23d. LOCATION (City, town, or county) (State) PARIS, MO.
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24. FUNERAL DIRECTOR SPEED & BLAKEY	ADDRESS PARIS, MISSOURI	25. DATE RECD. BY LOCAL REG. 8-23-58	26. REGISTRAR'S SIGNATURE F. A. Barnett M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 23 1962

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 *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.