

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001977

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY LINCOLN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELSBERRY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WHITESIDE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LADELLE N.H.		Length of stay in 1b 3 months	0570 STREET ADDRESS RFD (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS CHRISTOPHER ASH			4. DATE OF DEATH Month Day Year JAN. 9, 1959		
5. SEX Male	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 APR. 18, 1874	9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) TENNESSEE	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN ASH		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CARRIE - Deceased	
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 ANDREW ASH Address ELSBERRY, 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) METASTATIC CANCER Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARCINOMA INTESTINES TYPE & LOC. INDEFINITE DUE TO (c) 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 1 YEAR + 00
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. 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 AUG 1958 to JAN 9 '59 and last saw him alive on JAN 8, 1959 Death occurred at 6307 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Damon Mcd			22b. ADDRESS Elsberry, Mo		22c. DATE SIGNED 1/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY CITY		23d. LOCATION (City, town, or county) (State) ELSBERRY, Mo
24. FUNERAL DIRECTOR O. C. Ricks - Elsberry, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 27, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientzy	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

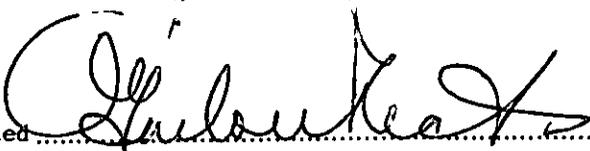
MEDICAL CERTIFICATION

Health, Welfare, Public Service
300
-57
0
All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4012

P. O. Address Eldersburg

**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.**