

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022243

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo Montgomery			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City Mo				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Montgomery City Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Auto				Length of stay in lb Ida		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) First Edward Middle Allen Last Ash				4. DATE OF DEATH Month 6 Day 5 Year 59			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 18-1902	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Montgomery Co Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Allen Wesley Ash				13b. MOTHER'S MAIDEN NAME Hattie Etta		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 496-01-9346		17. INFORMANT Address	
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 Thrombosis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Found dead in banded Automobile							
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. <input type="checkbox"/> p.m. <input type="checkbox"/>							
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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE F. J. Ball			(Degree or title) Coroner		22b. ADDRESS Jonesburg, Mo		22c. DATE SIGNED 6-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-7-1959		23c. NAME OF CEMETERY OR CREMATORY Montgomery City Cem		23d. LOCATION (City, town, or county) Montgomery City Mo	
24. FUNERAL DIRECTOR W. R. Ash				ADDRESS MONTGOMERY CITY MO		25. DATE RECD. BY LOCAL REG. 6-8-1959	
26. REGISTRAR'S SIGNATURE Laura B. Callaway							

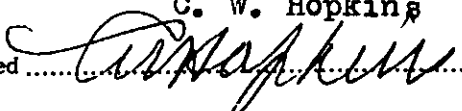
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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~~ on the 6 th day of June 1959, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

C. W. Hopkins
Signed 

Licensed Embalmer No. 1487
Montgomery City Mo
P. O. Address

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.