

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028375

FILED VS AUG 31 1959

Registration District No. 3010 Primary Registration District No. 305 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		Length of stay in lb <i>1 da</i>	c. CITY OR TOWN <i>Gideon, Mo.</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>S. E. Missouri Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>4 mi. N. Gideon Mo.</i>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>Otto</i> Middle <i>Laute</i> Last <i>Ashley</i>			4. DATE OF DEATH Month <i>8</i> Day <i>22</i> Year <i>1959</i>	
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-25-1903</i>	9. AGE (last birthday) <i>56</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>6</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Oklahoma</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>W. G. Ashley</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Carmel Ashley</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>496-40-0957</i>	17. INFORMANT <i>Edith Richardson, Gideon</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>17 Mo.</i>
IMMEDIATE CAUSE (a) <i>Carcinoma of tongue</i>		
DUE TO (b)		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <i>2:10</i> a.m. <i>P.</i> Month, Day, Year <i>8-22-59</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from <i>5-8-59</i> to <i>8-21-59</i> and last saw ^{him} alive on <i>8-21-59</i> Death occurred at <i>8-22-59 2:10 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Margaret Ann</i> (Degree or title)	22b. ADDRESS <i>M.A. Maesen Mo.</i>	22c. DATE SIGNED <i>8-24-59</i>
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23a. BURIAL, CREMATION, REPOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-24-1959</i>	23c. NAME OF CEMETERY OR CREMATOR <i>Stangfield Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Clarkton, Mo.</i>
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24. FUNERAL DIRECTOR <i>Floyd Russell</i> ADDRESS <i>Figgott, Ark.</i>	25. DATE RECD. BY LOCAL REG. <i>8-28-59</i>	REGISTRAR'S SIGNATURE <i>Dore Kaston</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lloyd Russell

Licensed Embalmer No. *509-4*

P. O. Address *Piggott,*

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.