

FILED VS OCT 13 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-035004

STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 4539 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>			
b. CITY OR TOWN <u>Williamsville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Williamsville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Length of stay in 1b <u>1118</u>				d. STREET ADDRESS <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Aaron</u> Middle <u>Patrick</u> Last <u>Ash</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>26</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 18, 1899</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Wayne Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James Ash</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Harmon</u>		14. NAME OF HUSBAND OR WIFE <u>Larrie McCaron</u> (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT Address <u>Mrs. Gladys Martin Williamsville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, right jaw</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1960</u>							INTERVAL BETWEEN ONSET AND DEATH <u>21 months</u>
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
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 <u>Feb., 1958</u> to <u>9-22-59</u> and last saw her alive on <u>9-22-59</u> Death occurred at <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W.L. Brandon, M.D.</u> (Degree or title) <u>0</u>				22b. ADDRESS <u>1124 N. Main Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>9-28-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-28-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Harmon Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Wayne Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>William Baker Piedmont Mo.</u> ADDRESS <u>114 E. Green</u>				25. DATE RECD. BY LOCAL REG. <u>10/3/59</u>		26. REGISTRAR'S SIGNATURE <u>Sheila Loue</u>	

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 by Coder Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723
P. O. Address Piedmont Mo.

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.