

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002549

FILED VS. FEB 9 1960

INDEXED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan Twp		c. CITY OR TOWN Princeton, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercer Co., Rest Home		d. STREET ADDRESS (If outside, give location) Princeton, Mo	
3. NAME OF DECEASED (Type or print) Cella Ashcroft		4. DATE OF DEATH Month 2 Day 4 Year 1960	
5. SEX female	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 8-30-1886
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11b. KIND OF BUSINESS OR INDUSTRY Mercer Co., Mo	
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME John Ashcroft	
14. MOTHER'S MAIDEN NAME Elizabeth Baxley		15. NAME OF HUSBAND OR WIFE Russell Ashcroft Princeton, Mo	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. SOCIAL SECURITY NO. none	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis, myocardial degeneration DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 days 2 years	
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	
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.)		20c. TIME OF INJURY Hour 6:30 Month, Day, Year 2-4-60	
20d. INJURY OCCURRED WHILE AT WORK <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 Princeton, Mo		20g. COUNTY Princeton, Mo	
20h. STATE Princeton, Mo		20i. DATE SIGNED 2-8-60	
21. I attended the deceased from 6:30 to 6:30 and last saw her alive on 2-4-60 Death occurred at 6:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE Byron I. Cytel D.O.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-8-60	
23c. NAME OF CEMETERY OR CREMATORY Princeton		23d. LOCATION (City, town, or county) (State) Princeton, Mo	
24. FUNERAL DIRECTOR Noel Moss Princeton, Mo		25. DATE RECD. BY LOCAL REG. 2-8-60	
26. REGISTRAR'S SIGNATURE Spencer M. Mott		27. DATE SIGNED 2-8-60	

(Licensed Embalmer's Statement on Reverse Side)

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 ME Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold T. Clark

Licensed Embalmer No. 26

P. O. Address Princeton

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.