

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

9-60-002550

Registration District No. 200 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 COUNTY Mercer			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan Twp		Length of stay in lb life		c. CITY OR TOWN Princeton, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercer County Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Louis Middle E. Last Ashcroft				4. DATE OF DEATH Month 1 Day 28 Year 60			
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-13-1881	
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
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) Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Ashcroft			13b. MOTHER'S MAIDEN NAME Elizabeth Boxley			14. NAME OF HUSBAND OR WIFE	
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. 485-12-8144		17. INFORMANT Address Russel Ashcroft Princeton, 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) Coronary Thrombosis Interval between ONSET AND DEATH Immediate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____ a.m. _____ p.m. Month, Day, Year _____							
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.) Jan. 28		20f. CITY, TOWN, OR LOCATION Jan 28-60		COUNTY Jan. 28-60 STATE	
21. I attended the deceased from 11:00 to Jan 28-60 and last saw her alive on Jan. 28-60 Death occurred at _____ a _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Byron I. Cyle D.O.				22b. ADDRESS Princeton, Missouri		22c. DATE SIGNED 1-30-60	
23a. BURIAL, CREATION, REMOVAL (Specify) burial		23b. DATE 1-30-60		23c. NAME OF CEMETERY OR CREMATORY Princeton		23d. LOCATION (City, town, or county) (State) Princeton, Mo	
24. FUNERAL DIRECTOR ADDRESS Noel Moss Princeton, Mo				25. DATE RECD. BY LOCAL REG. 1-30-60		26. REGISTRAR'S SIGNATURE Paul Mann	

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1960

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 Paul M. M. M.

Licensed Embalmer No. 263

P. O. Address Grinnell

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.