

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012141

FILED VS MAR 23 1960

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-York tmp/		Length of stay in 1b 35 yrs.	c. CITY OR TOWN Rural-York Tmp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Powersville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Powersville Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Boyd -- Ashby			4. DATE OF DEATH Month Day Year Mar. 13, 1960			
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-16-92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) Lawson Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Henry Lawson	13b. MOTHER'S MAIDEN NAME Mary Morley	14. NAME OF HUSBAND OR WIFE Zoe Ashby
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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) yes	16. SOCIAL SECURITY NO. 497-40-5075	17. INFORMANT Address Zoe Ashby-Powersville, Mo.
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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
IMMEDIATE CAUSE (a)	Cerebral embolism	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Poverty Pulmonary infection	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carbon monoxide poisoning w/ Poison	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 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.)
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to 3-13-60 and last saw him alive on 3-13-60 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.W. McWormley D.D.	22b. ADDRESS Unionville, Mo.	22c. DATE SIGNED 3-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE Mar. 18, 60	23c. NAME OF CEMETERY OR CREMATORY Powersville Cem.	23d. LOCATION (City, town, or county) Powersville Mo. (State)
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24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.	25. DATE RECD. BY LOCAL REG. 3-18-60	26. REGISTRAR'S SIGNATURE Marvell Durbine
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 13 1980

MAR 25 1980

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 Murphy S. Suted

Licensed Embalmer No. 3504

P. O. Address Unionville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.