

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-019953**

**FILED VS JUN 8 1960**

Registration District No. 172 Primary Registration District No. 4269 Registrar's No. 49

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Corder</b>		Length of stay in 1b <b>48 Yrs.</b>		c. CITY OR TOWN <b>Corder</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 <b>Russell</b> Middle <b>Lee</b> Last <b>Ashford</b>				4. DATE OF DEATH Month <b>5</b> Day <b>30</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-6-1909</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>25</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lake City Arsenal</b>		11. BIRTHPLACE (City and state or country) <b>Corder, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Daniel Lee Ashford</b>			13b. MOTHER'S MAIDEN NAME <b>Ella Jane Beard</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Elizabeth Branch Ashford</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 1943-1945</b>		16. SOCIAL SECURITY NO. <b>489-22-568T</b>	17. INFORMANT <b>Mrs. Russell Ashford Corder Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion acute</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
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) <b>Hypertensive Vascular Disease</b>					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 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.)					
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20a. 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 <b>1946</b> to <b>May 30, 1960</b> and last saw him alive on <b>May 27, 1960</b> Death occurred at <b>4:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Douglas Kelling M.D.</b>			22b. ADDRESS <b>Waverly, Missouri</b>			22c. DATE SIGNED <b>6/1/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>June 1st 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Corder</b>		23d. LOCATION (City, town, or county) (State) <b>Corder : mo.</b>			
24. FUNERAL DIRECTOR <b>Forrest A. Hofer</b>		ADDRESS <b>Higginsville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>June 2-60</b>	26. REGISTRAR'S SIGNATURE <b>Lutie Gordon Jordan</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 2 NNC SA  
JUN 8 1960

STATEMENT BY LICENSED EMBALMER

JUN 8 1960

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 Forrest R. Hoeyer

Licensed Embalmer No. 4801

P. O. Address Higginsville,

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.