

UNIVERSITY OF MISSOURI - STANDARD CERTIFICATE OF DEATH **FILED VS JUL 5 1960**

-60-024158
 STATE FILE NUMBER

Registration District No. **390** Primary Registration District No. **6041 6014** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Randolph					
b. CITY (If outside corporate limits, give TOWNSHIP only) Higbee Mo Moniteau		Length of stay in 1b _____		c. CITY OR TOWN Higbee Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			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 type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle Louis Last Ashworth				4. DATE OF DEATH Month June Day 27 Year 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH I-2 1909		9. AGE (last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Illinois		11. BIRTHPLACE (City and state or country) U. S. A		12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME Charles Ashworth			13b. MOTHER'S MAIDEN NAME Nina Fleshner			14. NAME OF HUSBAND OR WIFE Pauline Ashworth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT Mrs Pauline Ashworth			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute circulatory failure DUE TO (b) coronary thrombosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH minutes minutes	
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____			
21. I attended the deceased from 6-23-60 to 6-27-60 and last saw him alive on 6-27-60 Death occurred at 6:20 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Hoth I.O.				22b. ADDRESS Moberly, Mo.				22c. DATE SIGNED 6-27-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 29 1960		23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Higbee		(State) Mo	
24. FUNERAL DIRECTOR Burton Funeral Home. Higbee Mo				25. DATE RECD. BY LOCAL REG. June 27-60		26. REGISTRAR'S SIGNATURE JOE W Burton			

(Licensed Embalmers Statement on Reverse Side)

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 100

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

E. W. Triemont

Licensed Embalmer No. 3978

P. O. Address Glasgow, N.Y.

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.