

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 11 1960

-60-029304

NDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 187

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 2 YRS. 10 Mo.		c. CITY OR TOWN SIKESTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SHOFFIT NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 804 ALLEN BLVD.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ESTELLA AUGUSTA ASHFORD				4. DATE OF DEATH Month Day Year AUGUST 5, 1960			
5. SEX FEMALE		6. COLOR OR RACE CAUCASIAN		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-27-81	
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min. 3 8		IF UNDER 24 HR Hours Min. 3 8			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE (RET.)		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING		11. BIRTHPLACE (City and state or country) FORT SCOTT, KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN W. PEERMAN		13b. MOTHER'S MAIDEN NAME HARRIET ALLYN		14. NAME OF HUSBAND OR WIFE HARVEY W. ASHFORD			
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. NONE		17. INFORMANT MRS. STANLEY BUSH, SIKESTON, 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) Lobar pneumonia R. L. L. DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				18. INTERVAL BETWEEN ONSET AND DEATH 4-5 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis.				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 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 OCT. 4, 1957 to _____ and last saw her alive on 8-3-60 Death occurred at 2:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. D. Urban (Degree or title)		22b. ADDRESS SiKEston		22c. DATE SIGNED 8-5-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-8-1960		23c. NAME OF CEMETERY OR CREMATORY GEORGETOWN CEM.		23d. LOCATION (City, town, or county) (State) GEORGETOWN, KENTUCKY	
24. FUNERAL DIRECTOR Funeral Home ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 5-60		26. REGISTRAR'S SIGNATURE Mr. C. L. Hunter			

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Hunseler

Licensed Embalmer No. 4164

P. O. Address Sioux Falls, S.D.

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.