

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034526

STATE FILE NUMBER

FILED VS SEP 10 1960

133

Primary Registration District No. 3022 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in 1b <u>39 yrs</u>		c. CITY OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>409 Lewis</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last <u>Paul John Ashford</u>				4. DATE OF DEATH Month Day Year <u>9-12-1960</u>															
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-20-1920</u>		9. AGE (last birthday) <u>39</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>11 12</u>		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Bethany Harrison County Mo U.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>											
13a. FATHER'S NAME <u>John Ashford</u>				13b. MOTHER'S MAIDEN NAME <u>Grace Edwards</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW. II</u>				16. SOCIAL SECURITY NO. <u>493-18-3935</u>		17. INFORMANT Address <u>Grace Ashford, Bethany Mo.</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Failure</u>												INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Congestive Heart Failure</u>				<u>1 yr</u>													
		DUE TO (c) <u>Hypertensive Heart Disease</u>				<u>2 yrs.</u>													
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 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 <u>6-10-59</u> to <u>9-12-60</u> and last saw him alive on <u>9-11-60</u> Death occurred at <u>4:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <u>S.H. Hoover</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Bethany, Missouri</u>				22c. DATE SIGNED <u>9-13-60</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-15/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>		23d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>													
24. FUNERAL DIRECTOR ADDRESS <u>M. J. Jones Bethany Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9-13-1960</u>		26. REGISTRAR'S SIGNATURE <u>Gilla Mayer</u>													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 29 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 MB Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Pa

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.