URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037120
STATE FILE NUMBER

ILED VS OCT 3 1960

Registration District No. 324 Primary Registration District No. 4475 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Malta Bend
Length of stay in 1b: 1 Month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Malta Bend Mo.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Elmwood Township
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 8 M NE of Sweet Springs
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MARY Middle DRUCILLA Last ASH

4. DATE OF DEATH: Month September Day 30 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-20-1872
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Saline Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Hardin Bailey
13b. MOTHER'S MAIDEN NAME: Mary Winslow Bailey
14. NAME OF HUSBAND OR WIFE: Robert Ash (DEC)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.: x
17. INFORMANT Address: Mrs. Thomas Hayslip Malta Bend Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocarditis - Coronary Sclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1948, to Sept 30-60 and last saw her alive on Sept 30-60
Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John R Laurence M.D.
22b. ADDRESS: Marshall, Missouri
22c. DATE SIGNED: 10-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-2-1960
23c. NAME OF CEMETERY OR CREMATORY: Ridge Park Cemetery
23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR ADDRESS: Sweeney-Reser Funeral Home, Marshall
25. DATE RECD. BY LOCAL REG.: 10-1-'60
26. REGISTRAR'S SIGNATURE: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack W. Kesen

Licensed Embalmer No. 4643

P. O. Address Marshall,

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