RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 15 1960

-60-039455
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 430

DED

1. PLACE OF DEATH
a. COUNTY ST FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 2
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST FRANCOIS
c. CITY OR TOWN FARMINGTON
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. 2
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First NANNIE Middle PRISCILLA Last ASHBURN
4. DATE OF DEATH Month NOV. Day 5 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/24/79
9. AGE (last birthday) 81
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) FARMING
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) BONNE TERRE MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME P.V. ASHBURN
13b. MOTHER'S MAIDEN NAME SARAH A DOSS
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT RUTH ASHBURN Address FARMINGTON MO RT.2

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Years
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)
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 1955, to November 5, 1960 and last saw her/him alive on November 5, 1960
Death occurred at 10:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.A. Huckstep (Degree or title) M.D.
22b. ADDRESS 301 West Liberty, Farmington, Missouri
22c. DATE SIGNED 11-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11/8/60
23c. NAME OF CEMETERY OR CREMATORY K of P
23d. LOCATION (City, town, or county) (State) FARMINGTON MO.

24. FUNERAL DIRECTOR C.H.COZEAN ADDRESS FARMINGTON MO.
25. DATE RECD. BY LOCAL REG. Nov. 7, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

VS MAY 17 1961

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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