

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040984

FILED VS DEC 2 1960 27

Primary Registration District No. 5096

Registrar's No. 139

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant Twp.		Length of stay in lb 22 Days		c. CITY OR TOWN Adrian		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Minnie Middle Mary Last Ashbaugh				4. DATE OF DEATH Month November Day 22 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 4-11-76	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bates Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Ciggel			13b. MOTHER'S MAIDEN NAME Wilhemena Telschow		14. NAME OF HUSBAND OR WIFE George Ashbaugh		
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. No		17. INFORMANT Mrs. Ruby Morse, Adrian, 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) Cerebral decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease. DUE TO (c) disease.						INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 yrs.	
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.) None					
20c. TIME OF INJURY Hour None a.m. p.m.	Month, Day, Year None		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.) None		20f. CITY, TOWN, OR LOCATION Adrian, Mo.		COUNTY		STATE	
21. I attended the deceased from 1959 to 11-22-60 and last saw her live on 11-21-60 Death occurred at 1:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Donald H. Brown (Deputy or title)			22b. ADDRESS Butler, Mo.			22c. DATE SIGNED 11-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-23-60		23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery		23d. LOCATION (City, town, or county) (State) Adrian, Mo.	
24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo.			25. DATE RECD. BY LOCAL REG. NOV-25-1960		26. REGISTRAR'S SIGNATURE Russell K. K...		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

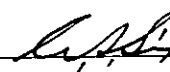
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ 

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

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.