

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043136

RECEIVED NOV 18 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 267

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly			Length of stay in 1b		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION enroute to Woodland Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 131 Sparks Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle David Last Ash				4. DATE OF DEATH Month 11 Day 7 Year 1960			
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/27/08	
9. AGE (last birthday) 52		IF UNDER 1 YEAR Months 52 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USPO mail messenger	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Renick, Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John P. Ash			13b. MOTHER'S MAIDEN NAME Agnes Emily Brown			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #1		16. SOCIAL SECURITY NO.		17. INFORMANT Agnes E. Ash Address Moberly, 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) Myocardial Infarction DUE TO (b) Coronary Thrombosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 hr 1 wk
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"/> N. <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 11/7/60 Month, Day, Year 11/7/60 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 121 S. Wines & Moberly, Mo	
20g. COUNTY		20h. STATE		21. I attended the deceased from 11/7/60 to 11/7/60 and last saw her alive on 11/7/60 Death occurred at 0905 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert H. Mason, M.D. (Degree or title)				22b. ADDRESS 121 S. Wines & Moberly, Mo		22c. DATE SIGNED 11/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/10/60		23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		23d. LOCATION (City, town, or county) (State) Moberly, Missouri	
24. FUNERAL DIRECTOR Marion E. Million ADDRESS Moberly, Mo.				25. DATE RECD. BY LOCAL REG. 11-9-60		26. REGISTRAR'S SIGNATURE Leah...	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

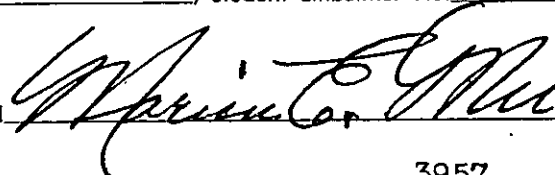
0861 81 AON

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



Licensed Embalmer No. 3957

P. O. Address Moberly, Mo.

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.