MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-000462
STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 5145 Registrar's No. 2

FILED VS JAN 24 1961

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TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: CALDWELL
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BRECKENRIDGE TWP — Length of stay in 1b: 8 MONTHS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): CALDWELL COUNTY — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: CALDWELL
c. CITY OR TOWN: CALDWELL COUNTY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ELLSWORTH Middle MOSES Last ASH
4. DATE OF DEATH: Month JAN Day 19 Year 1961
5. SEX: MALE
6. COLOR OR RACE: CAUC
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/6/85
9. AGE (last birthday): 75 — 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): RANCHER
10b. KIND OF BUSINESS OR INDUSTRY: RANCHER
11. BIRTHPLACE (City and state or country): DUNLAP IOWA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JASON ASH
13b. MOTHER'S MAIDEN NAME: ELIASE DIACON
14. NAME OF HUSBAND OR WIFE: NONE
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: KENNETH GAUNT Address: BRECKENRIDGE 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): Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: sec.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction — Minutes
DUE TO (c): Coronary artery Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus, Carcinoma of Colon
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 7-23-60, to 1-19-61 and last saw him alive on 1-18-61
Death occurred at 6.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Woolbright DO
22b. ADDRESS: Breckenridge Mo
22c. DATE SIGNED: 1-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JAN 21, 1961
23c. NAME OF CEMETERY ~~OR CREMATORY~~: LAKESIDE CEMETERY
23d. LOCATION (City, town, or county) (State): LAKESIDE NEBRASKA.

24. FUNERAL DIRECTOR: MEAD-PITTS ADDRESS: BRECKENRIDGE, MO.
25. DATE RECD. BY LOCAL REG.: Jan 20, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Ruth Anne Froggart

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed John W. Pitts

Signature of Student Embalmer

Licensed Embalmer No. 5074

P. O. Address Bragmer, 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.