MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-024709
STATE FILE NUMBER

AMENDED

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 62

FILED JUL 18 1961

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Albany — Length of stay in 1b: 30 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gentry County Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Texas (~~Missouri~~) b. COUNTY: Alpine
c. CITY OR TOWN: Alpine — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 203 N. Phelps — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MORRIS Middle REX Last ASHLOCK
4. DATE OF DEATH: Month July Day 10 Year 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 27 1935
9. AGE (last birthday): 26 — 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): engineer
10b. KIND OF BUSINESS OR INDUSTRY: Highway Dept.
11. BIRTHPLACE (City and state or country): Gentry Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Morris Ashlock
13b. MOTHER'S MAIDEN NAME: Martha Weese
14. NAME OF HUSBAND OR WIFE: Carol Sue Winters Ashlock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Mrs M. Rex Ashlock, Address: 203 N. Phelps, Alpine, Texas.

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): Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 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 6/10/1961 to 7/10/61 and last saw ~~her~~ him alive on 7/5/61
Death occurred at 5:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. M. Newman M.D.
22b. ADDRESS: Albany Mo
22c. DATE SIGNED: 7/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: July 12, 1961
23c. NAME OF CEMETERY OR CREMATORY: Grandview
23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR ADDRESS: Brooks-Cochell Funeral Home, Albany, Mo.
25. DATE RECD. BY LOCAL REG.: 7-11-61
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1961

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cockell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.