

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

58-61-041757

STATE FILE NUMBER

AMENDED

FILED NOV 21 1961

Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan Twp		Length of stay in lb 2 yrs	c. CITY OR TOWN Princeton, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Booth Rest Home		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Princeton, Mo
3. NAME OF DECEASED (Type or print) First Leah Middle Buren Last Ashbrook		4. DATE OF DEATH Month 11 Day 14 Year 61	
5. SEX female	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12-26-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 78
11. BIRTHPLACE (City and state or country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wilbur F. Buren		13b. MOTHER'S MAIDEN NAME Sarah Cullers	
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. no	
17. INFORMANT Wilbur Buren		Address Princeton, 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) Acute Pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute myocardial failure			10 minutes
DUE TO (c) Coronary arteriosclerosis and hypertension			20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemiplegia due to cerebral hemorrhage 1945			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 Princeton	
20g. COUNTY Mercer		20h. STATE Mo	
21. I attended the deceased from 1945 to 11-14-61 and last saw her alive on 11-14-61 Death occurred at 9a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank J. Ashbrook</i> (Degree or title)		22b. ADDRESS 210 W. Main St. Princeton, Mo.	
22c. DATE SIGNED 11-15-1961			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-16-61	23c. NAME OF CEMETERY OR CREMATORY Princeton	23d. LOCATION (City, town, or county) (State) Princeton, Mo
24. FUNERAL DIRECTOR Noel Moss		25. DATE RECD. BY LOCAL REG. 11-15-61	
ADDRESS Princeton, Mo		26. REGISTRAR'S SIGNATURE <i>Hall Moss</i>	

SECTION 1
SECTION 2
SECTION 3

STATE OF NEW YORK

EMBALMENT
STATEMENT BY LICENSED EMBALMER

whereof the undersigned is the 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*, in presence of *one or more*, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Paul Evans*

Licensed Embalmer No. 2634

P. O. Address *Pennsylvania*

1991-21-11 .00 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.