...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

...NT OF PUBLIC HEALTH AND WELFARE

...MENDED

-61-047495
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 245

FILED DEC 18 1961

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. DeLTA Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scott
c. CITY OR TOWN Sikeston
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 930 Lake St (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARTHUR Middle T Last ASHCRAFT
4. DATE OF DEATH Month 12 Day 9 Year 1961
5. SEX Male
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-13-1940
9. AGE (last birthday) 61
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Casey, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lemon Ashcraft
13b. MOTHER'S MAIDEN NAME Grace Tucker
14. NAME OF HUSBAND OR WIFE Edith Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 492-16-5287
17. INFORMANT Address Burl Ashcraft - Sikeston, 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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Dehydration and malnutrition — Weeks
DUE TO (c) Probable marginal ulcer — Unknown
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 12-4-61, to 12-9-61 and last saw him alive on 12-9-61
Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) John P Sargent M.D
22b. ADDRESS 808 Wakefield Sikeston, Missouri
22c. DATE SIGNED 12-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-10-1961
23c. NAME OF CEMETERY OR CREMATORY #8 Cemetary
23d. LOCATION (City, town, or county) (State) Canter, Mo.

24. FUNERAL DIRECTOR ADDRESS Albritton Funeral Home Sikeston, Mo
25. DATE RECD. BY LOCAL REG. 12-13-1961
26. REGISTRAR'S SIGNATURE Jeanette Waldman

(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 _____
Signature of Student Embalmer

Signed Raymond L. Dug

Licensed Embalmer No. 4748

P. O. Address Bernie, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.