

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017966

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 30

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 4 1962

VS 300
Rev. 4/59

10080

20080

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94201

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1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW Twp FOSTER</u>		c. CITY OR TOWN <u>WARSAW</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If outside, give location) _____	

3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>Riley</u> Last <u>Ashley</u>			4. DATE OF DEATH Month <u>May</u> Day <u>29</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 8, 1902</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u>		11. BIRTHPLACE (City and state or country) <u>Hickory Co. Mo</u>	
13a. FATHER'S NAME <u>Riley Ashley</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Goldia Ashley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Goldia Ashley</u> Address <u>Warsaw, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>ACUTE CIRCULATORY FAILURE</u>		<u>5 MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>THROMBOTIC MYOCARDIAL INFARCTION</u>	<u>5 DAYS</u>
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>	<u>1 YR.</u>

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"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>MAY, 25, 1962</u> to <u>MAY, 29, 1962</u> and last saw her/him alive on <u>MAY, 29, 1962</u> Death occurred at <u>6:30</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Guss Valley DO</u> (Degree or title)	22b. ADDRESS <u>WARSAW, MO.</u>	22c. DATE SIGNED <u>5-29-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 1, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Frederica Cemetery</u>	23d. LOCATION (City, town, county) (State) <u>Warsaw Benton Co. Mo.</u>
24. FUNERAL DIRECTOR <u>John F Reser</u> ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>May 31-1962</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 John I Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.