

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041265

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 232

DO NOT WRITE ON THIS STUB

AMENDED

<p style="font-size: 18pt; font-weight: bold;">FILED NOV 5 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Scott</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u></p>		
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u></p> <p>Length of stay in lb</p>		<p>c. CITY OR TOWN <u>EAST PRAIRIE</u></p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. DELTA Community</u></p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>207 Lee</u></p> <p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>EUGENE BRUSE ASHCRAFT</u></p>			<p>4. DATE OF DEATH Month Day Year <u>OCTOBER 28, 1962</u></p>	
<p>5. SEX <u>MALE</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>10-28-1962</u></p>	<p>9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>7</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) <u>Sikeston Mo. USA</u></p>	<p>12. CITIZEN OF WHAT COUNTRY</p>
<p>13a. FATHER'S NAME <u>Charles Eugene Ashcraft</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Annas Greenwood</u></p>		<p>14. NAME OF HUSBAND OR WIFE</p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>	<p>17. INFORMANT Address <u>Charles Ashcraft,</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>atelectasis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>prematurity</u></p> <p>DUE TO (c)</p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>
<p>21. I attended the deceased from <u>10-28-62</u> to <u>10-28-62</u> and last saw him alive on <u>10-28-62</u> Death occurred at <u>2:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>				
<p>22a. SIGNATURE (Degree or title) <u>Wm. C. Citchlow MD</u></p>		<p>22b. ADDRESS <u>Sikeston, Mo</u></p>		<p>22c. DATE SIGNED <u>Oct 30, 1962</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u></p>	<p>23b. DATE <u>10-29-1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>DOGWOOD Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Mississippi County, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Travis Shelby, EAST Prairie, Mo</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>Nov 2-1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u></p>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 1007
2067/2

3

4 12

5 0

6

7 0

8 2

9762.5

10

11

12 1-0

13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued Oct 28, 1962

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 Troy Shelly Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie, 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.