

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002878

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278Primary Registration District No. 5953Registrar's No. 11

FILED JAN 30 1963

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Buffalo Township

Length of stay in 1b

25 Yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Country Road, Near Louisiana

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pike

admission)

c. CITY

OR
TOWN

Louisiana

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

Rural Rte

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Ida

Middle

Bell

Last

Ashcraft

4. DATE
OF DEATH

Month

Jan

Day

20

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/8/1923

9. AGE (last birthday)

39

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeping

11. BIRTHPLACE (City and state or country)

Macon, Missour

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Nathaniel Lucas

13b. MOTHER'S MAIDEN NAME

Martha Milneek

14. NAME OF HUSBAND OR WIFE

Dalton Ashcraft

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.

None

17. INFORMANT

Dalton Ashcraft, Louisiana, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

6 exposure -

INTERVAL BETWEEN
ONSET AND DEATH

6 HRS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Inquest Pending

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown19. 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.)

Subject was drunk and lay out in the

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

sum in lab. zone weather all nite

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.)

3 MI NW of Mo.

20f. CITY, TOWN, OR LOCATION

Louisiana

COUNTY

Pike

STATE

Mo.

21. I attended the deceased from

Death occurred at

5:30 A

to and last saw her on Jan 20

22a. SIGNATURE

(Degree or title)

J.C. Mudd Coroner

22b. ADDRESS

Bowling Green, Mo.

22c. DATE SIGNED

Jan 21-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1/22/1963

23c. NAME OF CEMETERY OR CREMATORY

RiverView Cemetery

23d. LOCATION (City, town, or county)

Louisiana, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sterne Funeral Home, Louisiana, Mo.

25. DATE RECD. BY LOCAL REG.

1-23-63

26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

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 J. B. Starnel

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.