

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032569

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 156

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0497
2 0490
3 1
4 0
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9420.1
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12 2-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in: 1b. 1 days	c. CITY OR TOWN Jasper Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 1/2 miles S.E. of Jasper Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Gilbert Ashworth			4. DATE OF DEATH Month Day Year Aug. 5, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-12-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Repairman		10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry	9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Joplin, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Edmund Ashworth		13b. MOTHER'S MAIDEN NAME Addie Ashworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)		17. INFORMANT Mrs. Frances Ashworth, Jasper, Mo. R#1 Address	
16. SOCIAL SECURITY NO. 2		14. NAME OF HUSBAND OR WIFE Frances Gresham Owens	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction due to			INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause - last. DUE TO (b) Coronary atherosclerosis			4 hours
DUE TO (c) Coronary sclerosis			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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 Month, Day, Year a.m. p.m.			
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 8/1/60 to 8/5/63 and last saw him alive on 8/5/63 Death occurred at 3:10 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William J. McNew (Degree or title)		22b. ADDRESS 1575 Hazel St Carthage Mo	22c. DATE SIGNED 8/16/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 8, 1963	23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery	23d. LOCATION (City, town or county) (State) Jasper County, Mo.
24. FUNERAL DIRECTOR Martin Selvey, Jasper, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8-7-63	26. REGISTRAR'S SIGNATURE W. J. McNew

USE BLACK INK OR TYPEWRITER RIBBON

AUG 27 1963

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 George W Newcomb
Licensed Embalmer No. 4691

P. O. Address Leewood, 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.