

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038795

STATE FILE NUMBER

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 1

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u>	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA Audrain Hospital</u>		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>RFD # 2</u>
3. NAME OF DECEASED (Type or print) <u>EMMETT JEWELL ASHCRAFT</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7-4-94</u>
9. AGE (last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
11. BIRTHPLACE (City and state or country) <u>Monroe Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James Ashcraft</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Herndron</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Ashcraft</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>495-36-4576</u>		17. INFORMANT <u>Mrs Sarah Ashcraft, Mexico, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart - Block</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u> PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>	
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 <u> </u> a.m. <u> </u> p.m. <u> </u>	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 <u>Mexico, Mo.</u>	
21. I attended the deceased from <u>2-9-63</u> to <u>10-24-63</u> and last saw him alive on <u>2-10-63</u> Death occurred at <u>3:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	
22a. SIGNATURE		22b. ADDRESS <u>Mexico, Mo.</u>	
22c. DATE SIGNED <u>10-25-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10-26-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Mem. Park</u>	
23d. LOCATION (City, town, or county) <u>Mexico, Missouri</u>		24. FUNERAL DIRECTOR <u>Arnold Funeral Home</u>	
25. DATE RECD. BY LOCAL REG. <u>10-25-1963</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1961

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 Kenneth E. Hauger

Licensed Embalmer No. 4890

P. O. Address Medicine, 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.