

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048796

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 5826 Registrar's No. 7

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) LA Font		c. CITY OR TOWN PORTAGEVILLE	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) no		d. STREET ADDRESS RT # 3	Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First SAM Middle D. Last ASH		4. DATE OF DEATH Month DEC. Day 22 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/12/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) 79
11a. FATHER'S NAME GEORGE ASH		11b. MOTHER'S MAIDEN NAME SARAH BELLE	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT MINNIE ASH, RT#3, PORTAGEVILLE MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Dissecting Aortic Aneurysm area and thoracic porta DUE TO (b) A. S. H. D. with Hypertension DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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. ☐ Yes ☐ No ☐ Unknown
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 9:00 a.m. p.m.	Month, Day, Year July 22 1963		
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	COUNTY STATE
21. I attended the deceased from July 22 1963 to Dec 18 1963 and last saw him live on 18 Dec 1963 . Death occurred at — m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Andrew E. Bunker MD		22b. ADDRESS Portageville MO.	22c. DATE SIGNED 30 Dec 63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/24/1963	23c. NAME OF CEMETERY OR CREMATORY MOORE'S PARK	23d. LOCATION (City, town, or county) (State) NEW MADRID, MO.
24. FUNERAL DIRECTOR RICHARDS FUNERAL HOME, NEW MADRID MO.		25. DATE RECD. BY LOCAL REG. 1-2-1964	26. REGISTRAR'S SIGNATURE Charles Simpson by H. J. Pord

(Licensee's Statement on Reverse Side)

JAN 30 1964

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

Sam L. Hedges

Licensed Embalmer No. 5108

P. O. Address New Madrid, 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.