

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050956

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 239

Primary Registration District No. 5825

Registrar's No.

STATE FILE NUMBER

FILED FEB 13 1964

1. NAME OF DECEASED a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RISCO</b>		c. CITY OR TOWN <b>RISCO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		d. STREET ADDRESS (If outside, give location) <b>Box 55</b>	

3. NAME OF DECEASED (Type or print) First <b>LEONARD</b> Middle <b>FLOYD</b> Last <b>ASHABRANNER</b>			4. DATE OF DEATH Month <b>12</b> Day <b>23</b> Year <b>63</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-19-1904</b>	9. AGE (last birthday) <b>59</b>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORERS</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <b>MANILA, ARK</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>HENRY ASHABRANNER</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET ADAMS</b>		14. NAME OF HUSBAND OR WIFE <b>NELLIE ASHABRANNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>430-14-9608</b>		
17. INFORMANT <b>NELLIE ASHABRANNER</b>			Address <b>RISCO MO.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular accident</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>5 years</b> <b>15 years</b>
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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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>5:30</b> a.m. p.m.	Month <b>12</b> Day <b>23</b> Year <b>64</b>		
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 <b>MANILA, ARK</b>	
21. I attended the deceased from <b>10/16/64</b> to <b>10/20/64</b> and last saw <del>her</del> him alive on <b>10/20/64</b> Death occurred at <b>12/23/64</b> <b>5:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Daniel R. Hensley MD</b>		22b. ADDRESS <b>Jefferson</b>	22c. DATE SIGNED <b>1/6/64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>12-28-63</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>MANILA</b>	23d. LOCATION (City, town, or county) <b>MANILA, ARK</b>
24. FUNERAL DIRECTOR <b>HOWARD'S</b>		25. DATE RECD. BY LOCAL REG. <b>2/13/64</b>	
ADDRESS <b>MANILA, ARK</b>		26. REGISTRAR'S SIGNATURE <b>Howard M. J.</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NEW MARIU

Box 22

Box 22

NEW MARIU

1961 81833

202P-41-08H

# 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

*W. J. Howard*

Licensed Embalmer No.

3959

P. O. Address

*Baythelwell Ark*

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.