

Health, Welfare, Public Service
300
-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24287

FILED AUG 5 1957

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3023 Registrar's No. 553

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chinton
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetsel Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 615 E. Jefferson
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Silas Middle Lee Last Ashley			4. DATE OF DEATH Month July Day 24 Year 1957		
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 August 23, 1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Little Rock Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown Gilbert			14. MOTHER'S MAIDEN NAME Nancy Gage Renfro		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---		16. SOCIAL SECURITY NO. none	17. INFORMANT V. E. Ashley Address Chinton, 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) Uremia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Renal failure	
	DUE TO (c) Pyelonephritis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 6000		19. WAS AUTOPSY PERFORMED? 2 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 Chinton, Mo COUNTY Henry STATE Missouri

21. I attended the deceased from **7-6-57** to **7-24-57** and last saw her alive on **7-24-57**
Death occurred at **9:25 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm Sunderwith OO 2	22b. ADDRESS Chinton, Mo	22c. DATE SIGNED 7-26-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 27, 1957	23c. NAME OF CEMETERY OR CREMATORY Tebo	23d. LOCATION (City, town, or county) (State) Henry Co, Missouri
24. FUNERAL DIRECTOR J. E. Conshus	ADDRESS Chinton, Mo.	25. DATE RECD. BY LOCAL REG. 8-1-57	26. REGISTRAR'S SIGNATURE Melred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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. E. Tomala

Licensed Embalmer No.....
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P. O. Address.....
Chula

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.