

## CERTIFICATE OF DEATH

124

STATE FILE NUMBER

70 0028780

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 140

DO NOT WRITE  
ON THIS STUB

VS 300

Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. HUSTON		FOREST	ASHBROOK	Male	3. Aug. 7, 1970		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 68		5b. MOS.	5c. DAYS	6. Nov. 2, 1901	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. Chillicothe		7b. Yes		7c. Chillicothe hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Mo.		9. USA		10. Married		11. Mildred Hughes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 490 10 4380		13a. Auto mechanic		13b. Automobile repairs.			
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. Mo.		14b. Livingston		14c. Yes		14d. 1001 Waples	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Orville		Ashbrook			16. Edna Nichols		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mildred Ashbrook				17b. 1001 Waples, Chillicothe, Mo. 64601			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE							
(a) Metastatic carcinoma to							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Chest spine from T-9						2 yr	
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. INJURY AT WORK (SPECIFY YES OR NO)		20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20d. 20e.		20f.		20g.		20h. YES NO UNKNOWN	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR		MONTH DAY YEAR		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. 1955 TO 8 7, 70		21b. 8 7, 70		21c. 5 7 70		21d. 53 hr	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a. 5:35 P.		22b. 8 7 70		22c. 5 7 70		22d. 53 hr	
CERTIFIER—NAME (PRINT OR PRINT)		SIGNATURE		DEGREE OF TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. V. VANDIVER		23b. V. V. Vandiver		23c. M.D.		23d. 8 7 70	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		ZIP	
23e. 419 Polk		23f. Chillicothe Mo		23g. 64601		23h.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. Burial		24b. Resthaven cemetery		24c. Chillicothe, Mo.		24d.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		LATEST OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		DATE RECEIVED BY LOCAL REGISTRAR	
24e. Aug. 10, 1970		24f. GORDON-502 Cherry, Chillicothe, Mo. 64601		24g.		24h. Aug. 10, 1970	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. Ronald Gordon		25b. Mildred N. Kelt		25c. Aug. 10, 1970			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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

*Richard W. Bondell*

Licensed Embalmer No.

*4866*

P. O. Address

*Chillicothe, Mo 64600*

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.