

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17326

State File No. _____

FILED JUN 2 1948

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 162

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town Flat River, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francis
(c) City or town Flat River 74
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____ 0

3. (a) PRINT FULL NAME Charles F. Ashier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Mattie Elizabeth Ashier 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: Sept 23 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Miss Sarnette MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business _____

12. Name: James Ashier

13. Birthplace: unknown Texas
(City, town, or county) (State or foreign country)

14. Maiden name: Paralee E. Ledge

15. Birthplace: Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mattie Ashier

(b) Address: Flat River, MO.

17. (a) Burial (b) Date thereof: May 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Shadblow

18. (a) Signature of funeral director: Baldwell Bros
(b) Address: Flat River, Mo

19. (a) 5-25-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1948 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 19 1946, to May 23 1948
that I last saw him alive on May 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Chor. myoperditiis Duration _____

Due to: Arterio sclerosis

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 93

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(g) Means of injury _____

23. Signature: C. H. Ashier (M.D. or other) MD
Address: Flat River, MO Date signed: 5-28-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 648-694
Date Filed 6-1-48

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River 9

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 this body is not embalmed, fact should be so stated above.