

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26817

State File No. _____

3575

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4</u> <u>26</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		93 ⁴ / ₃	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. CONVALESCENT HOME</u>				d. STREET ADDRESS (If rural, give location) <u>7925 SUMMIT STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>E.</u> c. (Last) <u>ASHURST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-18-1949</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-27-1863</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>LEXINGTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILLIAM HALE</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE LOWRY</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN I. ASHURST</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Neil P. Ashurst, Overland Park, Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy, cerebral,</u> <u>Arterio-sclerosis gen.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>334</u> h.	
19a. DATE OF OPERATION <u>_____</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fractured Rt hip, closed Apr 25 1949.</u> <u>catarrh, sinus, bilat. vesic.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>_____</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>_____</u>			
22. I hereby certify that I attended the deceased from <u>June 14, 1949</u> to <u>Aug 18, 1949</u> , that I last saw the deceased alive on <u>Aug 17, 1949</u> and that death occurred at <u>10:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul D. Pearson</u> (Degree of title)				23b. ADDRESS <u>1025 Rialto Bldg R.C. No.</u>		23c. DATE SIGNED <u>8/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>8-19-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.W. Newcomer's Sons 1734 BROSN CREEK BLVD KANSAS CITY, MO.</u>			

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

1025
11/11/11
11/11/11

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
Student Embalmer

Signed Jess T. News
Licensed Embalmer No. 4453

P. O. Address 2500000 City

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.