S. No. 300
V. 10.48

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

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File 37096
Registrar's No. 4779

BIRTH NO. ____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 78yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 71 3 8 0
d. STREET ADDRESS (If rural, give location): 4315 Fairmount

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Nelson c. (Last) Ashbaugh
4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 7. 1870
9. AGE (In years last birthday): 78 | 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): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Hoisting
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: Effer Ashbaugh
13b. MOTHER'S MAIDEN NAME: Ellen —
14. NAME OF HUSBAND OR WIFE: Mrs E. N. Ashbaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-16-0142
17. INFORMANT'S SIGNATURE OR NAME: Allen Ashbaugh, ADDRESS: 3300 Holmes, K. C.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 65 DAYS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) SHOCK — 65 DAYS

DUE TO (c) ACCIDENT — 65 DAYS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* SENILITY, ACUTE DILATATION OF HEART DUE TO SHOCK — 65 DAYS

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Mo. 23
21d. TIME OF INJURY (Month) 9 (Day) 2 (Year) 1949 (Hour) 2 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? FELL DOWN STAIRWAY WHILE WALKING IN DARK

22. *I hereby certify that I attended the deceased from* SEPT. 3, 1949, *to* NOV. 8, 1949, *that I last saw the deceased alive on* 11/8, 19 49, *and that death occurred at* 11:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Chas. A. Schwab (Degree or title) DOH
23b. ADDRESS: Overland Park, Kans.
23c. DATE SIGNED: 11/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 12, 49
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cem.
24d. LOCATION (City, town, or county) Kansas City, (State) Mo.

DATE REC'D BY LOCAL REG.: 11-11-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Gates Funeral Home ADDRESS: K. C. Kans.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Schwab.
Dunland Rd.

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 [signature]

Licensed Embalmer No. 3991

P. O. Address 308 East 68th Ter

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.