

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41382

State File No. _____

FILED JAN 15 1950

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. 3026 Registrar's No. 399

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>5 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural (Blue)</u> <u>11205 Indep. Avenue.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Indep. Sanitarium.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>S.</u>	c. (Last) <u>ASHWORTH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 16, 1895</u>	9. AGE (In years last birthday) <u>54</u> If under 1 year <u>4</u> Months <u>12</u> Days <u>12</u> Hours <u>12</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Representative</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mach. Union</u>	11. BIRTHPLACE (State or foreign country) <u>Denton, Texas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ben S. Ashworth</u>	13b. MOTHER'S MAIDEN NAME <u>Tennessee Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Jean Ashworth</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes # 1</u>	16. SOCIAL SECURITY # <u>487-07-9650</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jean Ashworth 11205 Indep. Ave</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 years</u> <u>490X</u> <u>undetect</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Stenosis</u> DUE TO (c) <u>Aortic stenosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(3) Rheumatic Fever</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug, 1949, to _____, 19____, that I last saw the deceased alive on 12/28, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mal W. Link</u> (Degree or title)	23b. ADDRESS <u>Kansas City - 3</u>	23c. DATE SIGNED <u>1/2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Dec 29 1949</u>	REGISTRAR'S SIGNATURE <u>Amos A. Bay</u>	'35 4	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dixon L. Kephly</u> <u>Indep. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 3 1950

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

Walter L. Kessler

Licensed Embalmer No. 4225

P. O. Address *Indep. mo*

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.