No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32621

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1241

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Duncan Nursing Home 723 So 11

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph 0117
d. STREET ADDRESS (If rural, give location): 2002 Olive St.

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): ISSAC
c. (Last): ASHLOCK

4. DATE OF DEATH (Month) (Day) (Year): 10/24/1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/17/1875
9. AGE (In years last birthday): 75 yrs
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): Huckster
10b. KIND OF BUSINESS OR INDUSTRY: fruits & vegetables
11. BIRTHPLACE (State or foreign country): Gentryville Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unk
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE: unk

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Jim Ashlock, St. Joseph
ADDRESS

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis	2 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriolosclerosis	Unknown
DUE TO (c)	XXXXXXXXXXX	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	XXXXXXXXX	332X

19a. DATE OF OPERATION: XXXXXX
19b. MAJOR FINDINGS OF OPERATION: XXXXXXXXXXXXXX XXXXXXX
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XXXXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXXXX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XXXXXXXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXXXXXX m.
21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK XXX AT WORK XX
21f. HOW DID INJURY OCCUR?: XXXXXXX

22. *I hereby certify that I attended the deceased from* Jan., 4, 1948, *to* Oct., 24, 1950, *that I last saw the deceased alive on* Oct., 23, 1950, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clement C. Cahy Mon M.D.
23b. ADDRESS: Schneider Building St. Joseph, Missouri
23c. DATE SIGNED: 10-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/27/50
24c. NAME OF CEMETERY OR CREMATORY: Mount Auburn
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Nov. 6, 1950
REGISTRAR'S SIGNATURE: Carl C. Castle 446
25. FUNERAL DIRECTOR'S SIGNATURE: Barry Funeral
ADDRESS: House St J

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Victor B amy

Signed _____
Student Embalmer

Licensed Embalmer No. 4212

P. O. Address St Jo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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