

No. 300
10148

FILED MAR 23 1951
Reg# 92391

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11040

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 749

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ARNOLD 0500	
c. LENGTH OF STAY (In this place) 14 DAYS		d. STREET ADDRESS (If rural, give location) RFD# 1 BOX 77-A	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			

3. NAME OF DECEASED (Type or Print)	a. (First) EARL	b. (Middle) GIRARD	c. (Last) ASHLOCK	4. DATE OF DEATH (Month) (Day) (Year) MARCH 22 1951
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-9-97	9. AGE (In years) (If under 1 year, give months) (If under 12 months, give days) (If under 24 hours, give minutes) 54
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OIL WORKER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SILVER MINES, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME LYSANBER ASHLOCK	13b. MOTHER'S MAIDEN NAME LEE POLK	14. NAME OF HUSBAND OR WIFE RHODA ASHLOCK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, an unknown) (If yes, give year or dates of service) YES WW I	16. SOCIAL SECURITY NO. 194-03-2705	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS JEFF BRKS, MISSOURI
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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.	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION OF MYOCARDIUM HEALED		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ARTERY DISEASE DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY? YES <input checked="" 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) (Minute) VA m.	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 3-9 1951, to 3-22 1951, that I took possession of the body, and that death occurred at 6:30 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.	23b. ADDRESS VAH JEFF BRKS, MO.	23c. DATE SIGNED 3-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-24-51	24c. NAME OF CEMETERY OR CREMATORY Friedens	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. 3/23/51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS MCLAUGHLIN FUNERAL HOME ST. LOUIS, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 2384

P. O. Address St. Louis

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.