

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30713**

FILED SEP 26 1957

BIRTH NO. _____ REG. DIST. NO. **176** PRIMARY REG. DIST. NO. **5-65-8** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) Kapruel, Twp.	c. LENGTH OF STAY (In this place) 3 weeks	c. CITY (If outside corporate limits, write RURAL and give township) LAURENCE (VINEYARD Twp)	
d. FULL NAME OF HOSPITAL OR INSTITUTION LARUSSELL		d. STREET ADDRESS (If rural, give location) 2 mi. N.E. of LARUSSELL	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) TAMES	c. (Last) ASH	4. DATE OF DEATH (Month) (Day) (Year) JUNE 1 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) A	8. DATE OF BIRTH April 4, 1862
9. AGE (In years last birthday) (Specify) 89	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Rocky Comfort Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE No Record	

13a. FATHER'S NAME John Ash	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lilly Smith Galveston, Texas

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 490x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobau Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old Age DUE TO (c) _____		
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	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1957, to June 1, 1957, that I last saw the deceased alive on May 27, 1957, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. C. Coats M.D.	23b. ADDRESS Joplin, Mo.	23c. DATE SIGNED June 4-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-5-57	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW	24d. LOCATION (City, town, or county) (State) JOPLIN MO.
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DATE REC'D BY LOCAL REG. 8-20-57	REGISTRAR'S SIGNATURE W. S. Buenaño	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hurlbut Glover Joplin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0552

DIVISION OF HEALTH OF MD.
District No. 45 - Springfield

RECEIVED

SEP 18 1951

Dist. File

927-1689

Date Filed

9-18-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ernest A. Fisher

Signed

Student Embalmer

Licensed Embalmer No.

4823

P. O. Address

Springfield, Md.

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.