

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34789

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9542

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>9.5 Chouteau</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis City Hospital #1</u> | | | |

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|-------------------------------------|--------------------------|-----------------------|--------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>DALLAS</u> | b. (Middle) <u>O.</u> | c. (Last) <u>ASHLOCK</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>OCT. 28 1951</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>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 19, 1887</u> | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>67 67</u> |
|--------------------|-------------------------------|---|---------------------------------------|---|

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|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Public worker</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|-----------------------------------|---|---|

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Cervin Ashlock</u> | 13b. MOTHER'S MAIDEN NAME <u>Lizzie Price</u> | 14. NAME OF HUSBAND OR WIFE <u>Della Ashlock</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Zora Rogers</u> | ADDRESS <u>VAN Buren, Mo</u> |
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| 18. CAUSE OF DEATH Enter on (a) one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|-----------------------|----------------------------------|--|
| 19. 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) |
| 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? <u>4200</u> |

22. I hereby certify that I attended the deceased from 10-17-51, 1951, to 10-28-51, 1951, that I last saw the deceased alive on 10-28-51, 1951, and that death occurred at 6:35 A. m., from the causes and on the date stated above.

| | | |
|--|---|----------------------------------|
| 23a. SIGNATURE <u>W. Spencer Payne, MD</u> (Degree or title) | 23b. ADDRESS <u>1515 Lafayette Avenue</u> | 23c. DATE SIGNED <u>10-29-51</u> |
|--|---|----------------------------------|

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|--|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10-28-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greesham</u> | 24d. LOCATION (City, town, or county) (State) <u>Van Buren, Mo.</u> |
|--|---------------------------|--|---|

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|---|--|--|-------------------------------------|
| DATE REC'D BY LOCAL REG. <u>OCT 29 1951</u> | REGISTRAR'S SIGNATURE <u>Charles Smith M.D. R.P.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> | ADDRESS <u>4104 Manchester Ave.</u> |
|---|--|--|-------------------------------------|

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 Ronald A. Yabuke

Licensed Embalmer No. 3917

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 34789
Local Registrar's No. 9542

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____

_____, who, upon _____ oath, states that the original record of ^{birth} death
for Dallas O. Ashlock ^{died} ~~born~~ 10-28-1951, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read Feb. 20-1887

Instead of _____ 19-1884

Item No. 9 should read Age 64

Instead of _____ 67

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Donald C. Ober Fun. Dir
Relationship.

Rowland Montuany 4104 Manchester
Present Address.

Subscribed and sworn to before me this 7 day of Mr. Padron, 1951

My Commission expires 3-4-53 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.