

FILED NOV 29 1951

STANDARD CERTIFICATE OF DEATH

Dr. M. 36925
State File No. 996

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 996

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</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>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3008</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>Unknown</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u> | | | |

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|---|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> | b. (Middle) <u>James</u> | c. (Last) <u>Ashens</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov, 21, 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>Married</u> | 8. DATE OF BIRTH <u>Mar, 13, 1907</u> | 9. AGE (In years last birthday) <u>44</u> | IF UNDER 1 YEAR Months Days | IF UNDER 1 HS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. of Agriculture</u> | | 11. BIRTHPLACE (State or foreign country) <u>Aurora, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U, S. A.</u> |

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| 13a. FATHER'S NAME <u>Hansom Ashens</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Hazel Ashens</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hazel Ashens, Kansas City, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive vascular disease</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? |

22. I hereby certify that I attended the deceased from 11-21, 1951, to 11-21, 1951, that I last saw the deceased alive on 11-21, 1951, and that death occurred at 2: P m., from the causes and on the date stated above.

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|--|---------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>Howard L. Marshall, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Professional Bldg</u> | 23c. DATE SIGNED <u>11-23-51</u> |
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|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/23/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11-24-51</u> | REGISTRAR'S SIGNATURE <u>Earl Williamson, Deputy Registrar</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. Lohmeyer Springfield, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

13390

JAN 5 1952

NOV 2 1951

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 Gene Labmeier

Licensed Embalmer No. 4704

P. O. Address Spfld, 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.