

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> <u>0782</u>	
c. LENGTH OF STAY (in this place) <u>8 mcs</u>		d. STREET ADDRESS (If rural, give location) <u>706 W. 4th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>706 W. 4th St</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Milton</u>	b. (Middle) <u>—</u>	c. (Last) <u>Ashford</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov</u> <u>13</u> <u>1957</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>25 Oct 1915</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>	11. BIRTHPLACE (State or foreign country) <u>England Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clarence Ashford</u>	13b. MOTHER'S MAIDEN NAME <u>Arceta Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tape Ashford</u> ADDRESS <u>313 Juliet Cville 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - this person died without Medical</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, giving rise to the above, stating the underlying cause last.</u>		
	11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>I.B. of Lungs</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Osburn</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Wardell Mo</u>	23c. DATE SIGNED <u>11-14-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>15 Nov 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Colored Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-15-57</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Wilkes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. Woods</u> ADDRESS <u>Box 100 Caruthersville Mo</u>
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S. B. Hooper, M. D.,
Remiscot County Health Department,
Caruthersville, Missouri

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 Step B. Woods

Licensed Embalmer No. 4F33

P. O. Address Box 214, Cville

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.