

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44296

State File No. _____
Registrar's No. 58

FILED FEB 21 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

0124
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> COUNTY <u>RIPEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF MO 1 TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOMIPHAN 0910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAITH REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>✓ 1</u>	

3. NAME OF DECEASED (Type or Print) <u>JONATHAN WASHINGTON ASHCRAFT</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1951</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>7-27-1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew J. Ashcraft</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth C. Padgug</u>	14. NAME OF HUSBAND OR WIFE <u>Vivie Ashcraft</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Padgug Domiphan</u>	ADDRESS <u>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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>MEDICAL CERTIFICATION</u> <u>Probable tubercular</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <u>002X</u> 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (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 15 Nov 1951, to 20 Dec 1951, that I last saw the deceased alive on 15 Dec 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>W. H. Johnson M.D.</u>	23b. ADDRESS <u>921 Oak Poplar Bluff Mo</u>	23c. DATE SIGNED <u>2 Jan 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Domiphan</u>	24d. LOCATION (City, town, or county) (State) <u>Domiphan Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 11 1952</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Black-Edwards Funeral Home</u>	ADDRESS <u>Domiphan Mo.</u>
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RECEIVED
FEB 19 1952
BUTLER CO. HEALTH CENTER
FILE No. 252-91

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 General Green

Licensed Embalmer No. 2964

P. O. Address Joseph Bluff

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.