

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH21708  
State File No. ....

FILED JUL 2-1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5519

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Valle 0520	
c. LENGTH OF STAY (In this place) 1 hr.		d. STREET ADDRESS (If rural, give location) Near De Soto, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital			

3. NAME OF DECEASED (Type or Print) ETTA Pearl Ashcraft			4. DATE OF DEATH (Month) (Day) (Year) June 15-1952		
a. (First)	b. (Middle)	c. (Last)	5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 9-1877	9. AGE (In years; last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	IF UNDER 24 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher - Ret. Elem. Schools		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lucien D. Ashcraft		13b. MOTHER'S MAIDEN NAME Elizabeth Lee	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME C.D. Ashcraft		ADDRESS ST. LOUIS, MO.			

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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>(a)</sup> Internal and external hemorrhage: multiple fracture of jaw when struck by auto driven by one Joseph Chingui		DUE TO (b) New Hardy # 170 near De Soto Mo., about 740 pm June 15					
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 1952 Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) New Hardy		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near De Soto Mo			
21d. TIME OF INJURY June 15 52 7:40 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8124			

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 11:30 P.M., from the causes and on the date stated above. 25

23a. SIGNATURE (Degree or title) Patrol E Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6.16.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-18-52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
24d. LOCATION (City, town, or county) (State) De Soto, Mo.		DATE REC'D BY LOCAL REG. JUN 16 1952		REGISTRAR'S SIGNATURE J. Earl Smith	
FUNERAL DIRECTOR'S SIGNATURE G. See Mathews		ADDRESS De Soto, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address Heate, 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.