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FILED JUL 20 1953

STANDARD CERTIFICATE OF DEATH

23914
State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 793

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

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 701 S. 17th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wells Nursing Home 701 S. 17th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Annabelle b. (Middle) _____ c. (Last) Ashbrook			4. DATE OF DEATH (Month) (Day) (Year) July 13, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH May 16, 1885		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY public school		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Thomas R. Ashbrook		13b. MOTHER'S MAIDEN NAME Emma Mast		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.H. Milam, Salina, Kansas	
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			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		Several years	
DUE TO (c) Cerebral hemorrhage		Several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. anemia with hemorrhage of gastrointestinal tract		Several weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

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) m.		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 1948, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE Lucien W. Johnson M.D.		(Degree or title)		23b. ADDRESS 902 Edman St. Joseph, Mo.	
23c. DATE SIGNED 7-15-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/16/1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. July 17, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Nestor Bowman	
				ADDRESS Funeral Home	

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

AUG 6 1953

W. J. Lee.

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 *W. J. Lee*

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St. Joseph

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.