

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10933

State File No. 17

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4513 Registrar's No. 1050

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN	
c. LENGTH OF STAY (in this place) 0 hrs. 5 min.		d. STREET ADDRESS (If rural, give location) 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. MEM. HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) BRADFORD c. (Last) ASH			4. DATE OF DEATH (Month) (Day) (Year) 3 30 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6/19/1862
9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR Months 9 Days 11	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLOTHING BUSINESS		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING	11. BIRTHPLACE (State or foreign country) MACON, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Edmond Ash		13b. MOTHER'S MAIDEN NAME Mary Hoard	14. NAME OF HUSBAND OR WIFE ELSIE A. ASH
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Son Webb Milan Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
ANTECEDENT CAUSES Cerebral Aneurysm		5 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Multisystemic edema		Conditions contributing to the death but not related to the disease or condition causing death.	
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) Milan Sullivan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Oct , 1953, to March 30 , 1954, that I last saw the deceased alive on March 30 , 1954, and that death occurred at 5:58 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph S. Mapill M.D.		23b. ADDRESS Milan Mo	
23c. DATE SIGNED 3/30/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-2-54	
24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem		24d. LOCATION (City, town, or county) (State) Milan Mo	
DATE REC'D BY LOCAL REG. April 6-1954		REGISTRAR'S SIGNATURE 320-0 Mrs. H. B. Harris	
25. FUNERAL DIRECTOR'S SIGNATURE Sciver		ADDRESS Milan Mo	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

1050

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

AUG 24 1958

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 Wright Schauer

Licensed Embalmer No. 2667

P. O. Address Uxlan - Md

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.