

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12672**BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 57A Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Madison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Polk			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roselle		
c. LENGTH OF STAY (In this place) 50 yrs					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. SE of Roselle			d. STREET ADDRESS (If rural, give location) 0620		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) RICHARD	b. (Middle) PAYNE	c. (Last) ASHLOCK	(Month) Apr.	(Day) 7	(Year) 1954

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 30 1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Silver Mine Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lysander Ashlock	13b. MOTHER'S MAIDEN NAME Lee Polk	14. NAME OF HUSBAND OR WIFE Emma Pearson Ashlock
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Ashlock, Roselle Mo.
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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, asthma, 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* (a) Coronary Thrombosis		15 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		17 years
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 5-8, 1943, to 4-7, 1954, that I last saw the deceased alive on 8-2, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Ben M. Bull M.D.	(Degree or title)	23b. ADDRESS Ironton, Mo.	23c. DATE SIGNED 4-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-10-54	24c. NAME OF CEMETERY OR CREMATORY Roselle Cemetery	24d. LOCATION (City, town, or county) (State) Roselle Mo.
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DATE REC'D BY LOCAL REG. 4-12-54	REGISTRAR'S SIGNATURE Sherence Hicks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

APR 22

454-22

APR 24

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address San Antonio, Tex.

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.