

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

**30263**

State File No. ....

**FILED OCT 4 1954**

BIRTH NO. 96198-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 882-A

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Greene</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Crocker</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge</u>		e. STREET ADDRESS (If rural, give location) <u>R. 3</u>	
<b>3. NAME OF DECEASED</b> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <u>Randy</u>		b. (Middle) <u>Ashmore</u>	
c. (Last) <u>Ashmore</u>		9/19/54	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>9/19/54</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (In years) (last birthday) <u>—</u> Months <u>—</u> Days <u>—</u> If UNDER 14: Hours <u>3</u> Min. <u>25</u>
		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Crocker, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Leonard Ashmore</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Gladys Long</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	
		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Gladys Ashmore R3 Crocker, Mo.</u>	
		<b>ADDRESS</b>	
<b>18. CAUSE OF DEATH.</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurely</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		Conditions contributing to the death but not related to the disease or condition causing death.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>none</u>		DUE TO (b) _____	
		DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
		<u>776 X</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		<u>Home</u>	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>9/19</u> , 19 <u>54</u> , to <u>9/19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/19</u> , 19 <u>54</u> and that death occurred at <u>11:25 A</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Paul Hedges</u>		<b>23b. ADDRESS</b> <u>Springfield, Missouri</u>	
		<b>23c. DATE SIGNED</b> <u>9-30-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>9/21/54</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Crocker Memorial</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Crocker, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>10-1-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Erica Williams</u>	
		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Walter Hedges</u>	
		<b>ADDRESS</b> <u>Hedges Funeral Homes, Beria, Mo.</u>	

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

No. 300  
10-48

**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.....  
Signature of Student Embalmer

Signed *Walter O. Hedger*.....

Licensed Embalmer No. *426*.....

P. O. Address *Meriden, Ct.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.