

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

15290

No. 300  
10.48

BIRTH NO.		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5537</u>		Registrar's No. <u>43</u>			
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty Twp.</u>		c. LENGTH OF STAY (In this place) <u>5 min.</u>		c. CITY OR TOWN <u>Mound City</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>5 Mile North of Mound City</u>				e. STREET ADDRESS (If rural, give location) <u>7 Mi N. 2 Mi. West</u> <span style="float: right;">0440</span>					
3. NAME OF DECEASED (Type or Print) <u>Gearold</u>			a. (First) <u>Bruff</u>		b. (Middle)		c. (Last) <u>Ashlock</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 24-1915</u>	
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Holt County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Walter F. Ashlock</u>			13b. MOTHER'S MAIDEN NAME <u>Malisa Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Nadine Ashlock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-34-8874</u>		17. INFORMANT'S SIGNATURE AND NAME, ADDRESS <u>Walter F. Ashlock Colo. Spgs., Colo.</u>					
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 <u>INSTANT</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTERNAL INJURIES ON HEAD, CHEST AND ABDOMEN</u>				ANTECEDENT CAUSES <u>Marble conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>NONE</u>	
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>NONE</u>				<u>E8164</u> <u>20</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>CAR ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4.4 mi. N. of Mound City, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>044 (COUNTY)</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 3 55 12:40 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HEAD - ON CAR COLLISION.</u>					
22. I hereby certify that I attended the deceased from <u>N.</u> , 19 <u>  </u> , to <u>N.</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>N.</u> , 19 <u>  </u> , and that death occurred at <u>12:40 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. H. E. Callahan D.O. Coron. Holt Co. Oregon Mo.</u>				23b. ADDRESS				23c. DATE SIGNED <u>6/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/6/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>N. Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holt County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6/6/1955</u>		REGISTRAR'S SIGNATURE <u>James Crawford</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>James Crawford, Mound City, Mo.</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1953

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.....  
*James H. Sanford*

Licensed Embalmer No. 479  
P. O. Address *Mound 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.