

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 24 1955

State File No. 16007

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>110</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>5/12/55</u>		c. CITY OR TOWN <u>Shelbyville</u>		d. Is 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>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>RFD # 3</u>				
3. NAME OF DECEASED (Type or Print) <u>Della L. Ash</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>May 17, 1955</u>		(Month)		(Day)		(Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 17, 1901</u>		
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U/S A</u>				
13a. FATHER'S NAME <u>John Green</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Nora Stouffer</u>		14. NAME OF HUSBAND OR WIFE <u>Gilbert A. Ash</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gilbert Ash Shelbyville Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5-12-55</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		334X		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>5-12-55</u> , 19 <u>55</u> , to <u>5-17</u> , 19 <u>55</u> that I last saw the deceased alive on <u>5-17</u> , 19 <u>55</u> ; and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Della L. Ash</u> (Degree or title) <u>Wife</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>5-20-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emden</u>		24d. LOCATION (City, town, or county) (State) <u>Shelby County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-21-55</u>		REGISTRAR'S SIGNATURE <u>D. E. M. Duke</u>		189-94		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Crawford</u> <u>Hannibal Mo</u>		

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

RECEIVED MAY 23 1955
MARION CO. HEALTH DEPT.
DATE FILED MAY 23 1955

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 *H Crawford Smith*
.....

Licensed Embalmer No..3814..

P. O. Address ...Hannibal..MI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.