Health, & Welfare Public Service

S. 3000 164
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FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37256
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cape Ostopathic Hospital — Length of stay in 1b 19 DYs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Eastprairie, Mo. 06 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 312 S. Center — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Arron Middle Davis Last Ashley
4. DATE OF DEATH Month Oct. Day 27, Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 13, 1913
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and state or country) East Prairie, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Claude Ashley
14. MOTHER'S MAIDEN NAME Bertha Conners
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - -
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT Mrs. Gladys Ashley Address East Prairie, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pyelonephritis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 9, 1956, to Oct. 27, 1956 and last saw her/him alive on Oct. 27, 1956
Death occurred at 10:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gordon C. Hemphill D.O.
22b. ADDRESS East Prairie Mo
22c. DATE SIGNED 11-6-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/29/1956
23c. NAME OF CEMETERY OR CREMATORY Dogwood
23d. LOCATION (City, town, or county) (State) Dogwood, Missouri

24. FUNERAL DIRECTOR ADDRESS Mc Mikle Funeral Home E. Prairie Missouri
25. DATE RECD. BY LOCAL REG. 11-16-1956
26. REGISTRAR'S SIGNATURE C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Elgin [illegible]

Licensed Embalmer No. 46

P. O. Address [illegible]

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