

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

7767

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Page			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Shenandoah 61468		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Hi-Way No. 71 and INSTITUTION Blackwell Road		Length of stay in lb nil	d. STREET ADDRESS R. R. #3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last RALPH WALTER ASHBAUGH			4. DATE OF DEATH Month Day Year Mar. 11 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Page County Iowa		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Rueban C. Ashbaugh			14. MOTHER'S MAIDEN NAME Mary Ann Walters		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 482-44-6649	17. INFORMANT Mr. Harold Ashbaugh		Address Kansas City, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extreme cerebral congestion DUE TO (b) Automobile accident DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Automobile Collision					INTERVAL BETWEEN ONSET AND DEATH no interval
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Collision				
20c. TIME OF INJURY Hour a. m. Month, Day, Year 9:10 AM Mar 11-57	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway				
20e. CITY, TOWN, OR LOCATION Buchanan Co MO	20f. COUNTY STATE Buchanan County Missouri				
21. I attended the deceased from: nil to nil and last saw him alive on nil Death occurred at 9:10A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) S. Melaney M.D. Coronor			22b. ADDRESS 214 Kirkpatrick St Joseph, Mo		22c. DATE SIGNED 3-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-11-57	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Shenandoah Iowa	
24. FUNERAL DIRECTOR Hackett Funeral Home		ADDRESS Shenandoah, Iowa	25. DATE RECD. BY LOCAL REG. March 15, 1957	26. REGISTRAR'S SIGNATURE Kathleen M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard terminology.

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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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *George A. Kerby*

Licensed Embalmer No. *47*

P. O. Address *Joseph*

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.