

FILED FEB 3 1958

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 233
 STATE FILE NUMBER

 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Euchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Euchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>608 Mary St.,</u>		Length of stay in lb <u>15 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>608 Mary St.,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Clyde</u> Middle <u>Ashford</u> Last <u>Ashford</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>23</u> Year <u>1958</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>About 1895</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Candy making</u>	11. BIRTHPLACE (City and state or country) <u>Bethany, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dal. Ashford</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sparks</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Ashford</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>491-22-8049</u>	17. INFORMANT <u>Beatrice Moorman, St. Joseph, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>JAN 23, 1958</u> to <u>JAN 23, 1958</u> and last saw her/him alive on <u>JAN. 23, 1958</u> Death occurred at <u>8:20</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>			22b. ADDRESS <u>1302 Farney St. Joseph</u>		22c. DATE SIGNED <u>1-28-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Jan. 24, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Munson Cemetery</u>		23d. LOCATION (City, town, or County) (State) <u>Bethany, Missouri</u>		
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph,</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 31, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

-MEDICAL CERTIFICATION

APR 24 1958

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 *Eric J. [Signature]*

Licensed Embalmer No. 4679
P. O. Address. St. Joseph, Mo.

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.