

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015430  
STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 144

S. 300  
1-57

94)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Bonne Terre</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <u>Bonne Terre</u>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>Bonne Terre Hospital</u>  |                                  | Length of stay in 1b  | d. STREET<br>ADDRESS <u>Rt. 1</u>  |
| 3. NAME OF DECEASED<br>(Type or print)<br><u>ALLEN POPE ASHBURN</u>  |                                  |   | 4. DATE<br>OF<br>DEATH <u>April 2, 1958</u>                              |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH<br><u>June 10, 1893</u>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done<br>during most of working life, even if retired)<br><u>Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><u>Farming</u>  | 9. AGE (In years<br>at birthday) <u>64</u>                               |
| 13a. FATHER'S NAME<br><u>Wm C. Ashburn</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Mc Henry</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>196-40-0177</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Iva Irene Crundleton</u>               |
| 17. INFORMANT<br>Address<br><u>Mrs. Iva Ashburn Rt 1 Bonne Terre, Mo</u>   |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Lower nephron syndrome</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Intestinal obstruction, Adoperative</u><br>DUE TO (c) <u>Carcinoma of rt Transverse Colon</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hours</u><br><u>7 days</u><br><u>3 mos -</u>  |  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |                                  | 20d. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> NOT WHILE<br>WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>   |  |
| 20e. PLACE OF INJURY (e.g., in or about home,<br>farm, factory, street, office bldg., etc.)  |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <u>3-24-58</u> , to <u>4-2-58</u> and last saw <sup>her</sup> <del>him</del> alive on <u>4-2-58</u><br>Death occurred at <u>11:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |
| 22a. SIGNATURE<br><u>George S. Whitman</u> (Degree or title)   |                                  | 22b. ADDRESS<br><u>Farmington Mo.</u>   |  |
| 22c. DATE SIGNED<br><u>4-8-58</u>  |                                  | 22d. PLACE OF SIGNATURE   |  |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)   | 23b. DATE<br><u>4-5-1958</u>     | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Francois Memorial Park</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Bonne Terre, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>BOYER'S Bonne Terre, Mo.</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>April 8, 1958</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Esther Rudloff</u>                       |

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 *B. T. Boyer* .....

Licensed Embalmer No. 3660 .....  
P. O. Address Desloge, 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.