

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017247  
STATE FILE NUMBER

FILED MAY 21 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 73

S. 300  
1-57  
510

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monett</b> <b>00510</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent's</b>		Length of stay in lb <b>3 da.</b>	d. STREET ADDRESS (If outside, give location) <b>706 Scott</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>JOE FRANKLIN ASH</b>			4. DATE OF DEATH Month Day Year <b>May 2, 1958</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 21, 1886</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Repair man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>shoe shop Stone Co. Missouri</b>	11. BIRTHPLACE (City and state or country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Ervin Ash</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Stephens</b>	14. NAME OF HUSBAND OR WIFE <b>Lizzie Ash</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Lizzie Ash-Monett, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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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 <b>4201</b>	COUNTY	STATE
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21. I attended the deceased from <b>April 10 - 58</b> to <b>May 2 58</b> and last saw her alive on <b>May 1 58</b> Death occurred at <b>1:35</b> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Frank R. Row MD</b>	(Degree or title)	22b. ADDRESS <b>Monett Mo.</b>	22c. DATE SIGNED <b>5-8-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-4-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Horner Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cassville, Missouri</b>
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24. FUNERAL DIRECTOR <b>Culver's</b>	ADDRESS <b>Cassville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. P.A. Cook</b>
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(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

JUL 24 1958

NO. 558-113

DATE REC. 5-19-58

JUL 8 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 Margaret C. Henbest

Licensed Embalmer No. 4389  
P. O. Address Cassville, 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.