

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028737
STATE FILE NUMBER

FILED AUG 29 1958

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 17

5. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> COUNTY <i>Franklin</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Pacific</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pacific</i> 0360		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>at home</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Nancy Ann Ash</i>			4. DATE OF DEATH Month Day Year <i>Aug 19. 1958</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>w.</i>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 25, 1874</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>83</i> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Beardstown Ill</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13a. FATHER'S NAME <i>Louis Lettice</i>		13b. MOTHER'S MAIDEN NAME <i>Mailey Green Berry Ash (deceased)</i>		14. NAME OF HUSBAND OR WIFE <i>Everett Ash, Pacific Mo.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Everett Ash, Pacific Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Peripheral Vascular Collapse</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocardial Infarction</i> DUE TO (c) <i>Coronary Thrombosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4501</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> "
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 <i>July 13/58</i> to <i>Aug 19/58</i> and last saw her alive on <i>Aug 18, 1958</i> Death occurred at <i>7:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Charge or title) <i>C. S. Puffer, D.O.</i>			22b. ADDRESS <i>Pacific Mo.</i>		22c. DATE SIGNED <i>8/20/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Aug 21, 1958</i>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <i>Pacific Cemetery Pacific Mo.</i>	
24. FUNERAL DIRECTOR <i>Mrs. John L. Thebes, Pacific Mo.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>Aug 21-1958</i>	
				26. REGISTRAR'S SIGNATURE <i>Mary B. Gross</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Ralph Oetmann*

Licensed Embalmer No. *4808*
P. O. Address *Union, 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.