

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-830067

STATE FILE NUMBER

FILED AUG 29 1958 Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 312

S. 300
1-57

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 a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELVINS		c. CITY OR TOWN ELVINS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS HAMPTON	
3. NAME OF DECEASED First HENRY Middle MASSOLIN Last ASHBY		4. DATE OF DEATH Month Aug. Day 10 Year 1958	
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 APRIL 15, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MIYER		10b. KIND OF BUSINESS OR INDUSTRY MIDDING	11. BIRTHPLACE (City and state or country) HOPKINS, Co. Kentucky
13a. FATHER'S NAME THOMAS ENICH ASHBY		13b. MOTHER'S MAIDEN NAME MARY CRABTREE	14. NAME OF HUSBAND OR WIFE LEA MILLS ASHBY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. ARCHIE O'BREIN, ELVINS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterial sclerosis			Several years
DUE TO (c) Influenza			2 days
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.)	
20c. TIME OF INJURY Hour a.m. _____ p.m. _____ Month, Day, Year _____			
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 Aug 9 1958 to Aug 10 1958 and last saw him alive on Aug 9 1958 Death occurred at 1145 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul L. Jones M.D. (Degree or title)		22b. ADDRESS Flat River Mo.	22c. DATE SIGNED 8-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 12, 1958	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) St. Francois Co., Mo.
24. FUNERAL DIRECTOR Raymond Callwell and Sons ADDRESS Flat River Mo.		25. DATE RECD. BY LOCAL REG. Aug 11, 1958	26. REGISTRAR'S SIGNATURE Ether Rudloff

MAR 26 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 *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River*

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.