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REG.# 17487

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039046

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 659 Registrar's No.

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY OR TOWN POPLAR BLUFF — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM.HOSPITAL — Length of stay in 1b 14 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HOWELL
c. CITY OR TOWN WEST PLAINS — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) SILOM SPRINGS ROUTE — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First CLARENCE Middle CHARLES Last ASHTON

4. DATE OF DEATH Month NOVEMBER Day 17 Year 1958

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] 8. DATE OF BIRTH 10-11-93 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (City and state or country) WOOLSEKE, SOUTH DAKOTA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EDWARD C. ASHTON
13b. MOTHER'S MAIDEN NAME MARY PRAVOST
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 300056107
17. INFORMANT VA HOSPITAL RECORDS, Address POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CHRONIC ARTERIOLAR NEPHROSCLEROSIS. — INTERVAL BETWEEN ONSET AND DEATH Sev. Years
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) 446 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ] VA
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 Nov. 3, 1958, to Nov. 17, 1958
Death occurred at 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S. Cohen (Degree or title) ROBERT S. COHEN, M.D., Chief, Med. Svc.
22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED 11/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-18-58
23c. NAME OF CEMETERY OR CREMATORY City Cem. Vets.Plot
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR Frank-Cotrell ADDRESS Poplar Bluff, mo.
25. DATE RECD. BY LOCAL REG. 11/22/58
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FILE No.

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 ..... Signed Charles E. Munger

Signature of Student Embalmer

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.