THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009168
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteo Hosp — Length of stay in 1b 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton 0422 0 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) N Franklin — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First John Middle Add Last Ashinhurst

4. DATE OF DEATH Month 3 Day 25 Year 59

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐ 8. DATE OF BIRTH 3-30-1867 9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 11 Days 25 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME James Taylor Ashinhurst 13b. MOTHER'S MAIDEN NAME Permilla Ann Bailey 14. NAME OF HUSBAND OR WIFE ~~Dillena~~ Orlena Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 498-22-8017 17. INFORMANT James R Ashinhurst Address 4009 Euclid Kansas City 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) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH 6-8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebrovascular Thrombosis — 12 hrs.
DUE TO (c) Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 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 ☐ 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 Jan 10, 1959, to Mar. 25, 1959. I last saw him alive on 3-25-59
Death occurred at 3:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arturo Gonzales DO 2 — 22b. ADDRESS 717 E. Jefferson Clinton — 22c. DATE SIGNED 3-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 3-26-1959 — 23c. NAME OF CEMETERY OR CREMATORY Hogle Creek Cemetery — 23d. LOCATION (City, town, or county) (State) Benton Co. Mo

24. FUNERAL DIRECTOR ADDRESS John T. Reser Warsaw Mo — 25. DATE RECD. BY LOCAL REG. 3-26-59 — 26. REGISTRAR'S SIGNATURE Mildred Bigum

(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.

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

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John F. Rizer

Licensed Embalmer No. H.O.98

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.