

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020667

STATE FILE NUMBER

FILED JUL 9 1959

Registration District No.

59

Primary Registration District No.

Registrar's No.

119

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass					
b. CITY (If outside corporate limits, give TOWNSHIP only) Belton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Belton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 621 2nd. Street			Length of stay in 1b 61 yrs.		d. STREET ADDRESS (If outside, give location) 621 2nd. Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ROSA GRACE ASHBAUGH				4. DATE OF DEATH Month Day Year June 28 - 1959					
5. SEX Female		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 Aug. 4; 1887		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 71 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Mt. Marish Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Wesley Kinnison				13b. MOTHER'S MAIDEN NAME Eliza Wilson			14. NAME OF HUSBAND OR WIFE George Ashbaugh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None			16. SOCIAL SECURITY NO. None		17. INFORMANT George Ashbaugh			Address Belton Mo. 621 2nd. Street	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CACHEXIA, SEVERE							INTERVAL BETWEEN ONSET AND DEATH 2 Mo.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MALNUTRITION							6 Mo.		
DUE TO (c) PARKINSONIAN DEGENERATION, SEVERE							12+ YRS.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MULTIPLE LARGE DECUBITUS ULCERS OF BACK 35CX							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE						
20c. TIME OF INJURY Hour Month, Day, Year g.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION BELTON, Cass, Missouri		COUNTY STATE		
21. I attended the deceased from DEC. 15, 1945 , to JUNE 28, 1959 and last saw ^{her} alive on JUNE 20, 1959 Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Herbert A. Tracy, M.D.					22b. ADDRESS BELTON, Mo.		22c. DATE SIGNED 6-29-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-30-59		23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery		23d. LOCATION (City, town, or county) (State) Belton Missouri			
24. FUNERAL DIRECTOR E.K. GEORGE & SONS				ADDRESS BELTON, MISSOURI		25. DATE RECD. BY LOCAL REG. 7-1-1959		26. REGISTRAR'S SIGNATURE Mrs. Gray Sebrer	

(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



MAR 31 1967

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 *Richard E. George*

Licensed Embalmer No. *3958*

P. O. Address *Beltway, Md*

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.