Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021181
STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2768

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Hospital Length of stay in 1b 40 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 3930 Euclid (If outside, give location) Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Hattie Middle E. Last Ashley

4. DATE OF DEATH Month 6 Day 5 Year 59

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 9-18-~~1889~~ 1869
9. AGE (In years on last birthday) 89 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Pillsbury, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles P. Newman
13b. MOTHER'S MAIDEN NAME No Record
14. NAME OF HUSBAND OR WIFE Silas P. Ashley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. None
17. INFORMANT Newman E. Johnstone, Address Choctaw, Okla.

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) Pulmonary Embolus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 465X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 4-4-59, to 6-5-59 and last saw her/him alive on 6-5-59
Death occurred at 9:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title) M.D.
22b. ADDRESS General Hospital
22c. DATE SIGNED 6-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-9-1959
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Wagner Funeral Home. ADDRESS K C Mo
25. DATE RECD. BY LOCAL REG. 6-6-59
26. REGISTRAR'S SIGNATURE Neva Meriohall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Abraham Gelperin M.D.

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. C. 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.