MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 27 1960 296 Registration District No. Primary Registration District No. 4445 Registrar's No. 1

60-002958 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Orrick
Length of stay in Tb: Most of Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At the Home
Inside Limits: Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First: Charles Middle: Thomas Last: Ashley

4. DATE OF DEATH: Month: Jan. Day: 22 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 7-21-1898

9. AGE (last birthday): 61

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: 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:

11. BIRTHPLACE (City and state or country): Independence, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dr. Thomas Ashley

13b. MOTHER'S MAIDEN NAME: Mattie Tucker

14. NAME OF HUSBAND OR WIFE: Magdalene Ashley

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.: 494-40-5831

17. INFORMANT: Wife Address: Orrick, Missouri

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): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden
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)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

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

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 2/10/58, to death and last saw him/~~her~~ alive on 10/5/59
Death occurred at 8:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F. A. Rogers, MD

22b. ADDRESS: Richmond, Missouri

22c. DATE SIGNED: 1/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-24-1960

23c. NAME OF CEMETERY OR CREMATORY: South Point Cemetery

23d. LOCATION (City, town, or county) (State): Orrick Missouri

24. FUNERAL DIRECTOR ADDRESS: Good Funeral Home Orrick, Missouri

25. DATE RECD. BY LOCAL REG.: 1-28-60

26. REGISTRAR'S SIGNATURE: Helen J. Lacken

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles F Tyler

Licensed Embalmer No. 4539

P. O. Address Liberty

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