

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013461  
STATE FILE NUMBER

AMENDED  
Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 83

<b>FILED MAY 3 1961</b>	
<b>1. PLACE OF DEATH</b>	
a. COUNTY <u>Grundy</u>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>718 E. 8th Court</u>	c. CITY OR TOWN <u>Trenton,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>718 E. 8th Court</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print)	
First <u>John</u>	Middle <u>Wiley</u>
Last <u>Ashby</u>	<b>4. DATE OF DEATH</b>
Month <u>April</u> Day <u>26</u> Year <u>1961</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>
<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10-15-87</u>
<b>9. AGE</b> (last birthday) <u>73</u>	
IF UNDER 1 YEAR Months IF UNDER 24 HR Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Railroad Clerk</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Railroading</u>
<b>11. BIRTHPLACE</b> (City and state or country) <u>Lewiston, Ill.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>
<b>13a. FATHER'S NAME</b> <u>Robison Ashby</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amanda Shankle</u>
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nellie Doan</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW # 1</u>	<b>17. INFORMANT</b> <u>Mrs. Nellie Ashby</u>
Address <u>Trenton, Mo.</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Chronic Nephritis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>YEARS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Arteriosclerosis</u>	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cirrhosis of Liver &amp; Colitis</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)
<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>7-24-59</u> to <u>4-26-61</u> and last saw her/him alive on <u>4-26-61</u> Death occurred at <u>7:40 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> <u>[Signature]</u>	<b>22b. ADDRESS</b> <u>Trenton Mo</u>
<b>22c. DATE SIGNED</b> <u>4-28-61</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>4-29-61</u>
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Grundy Center</u>	
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Grundy County, Mo.</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Gibson-Whitaker</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>4-29-61</u>
<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 4 1961

**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 Leo S. Whitaker

Licensed Embalmer No. 4780

P. O. Address Trenton, 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.