

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23919

FILED AUG 6 1948
Registration District No. _____

Primary Registration District No. _____

State File No. _____

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pleasant View Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME Bettie Asbell3: (b) If veteran,
name war _____

3: (c) Social Security No. _____

4. Sex female / 5. Color or face white
6. (a) Single, widowed, married, 2 divorced widowed
(b) Name of husband or wife Henry Asbell
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: September 4 1869
(Month) (Day) (Year)

8. AGE: Years Months Days
78 10 19
If less than one day
hr. _____ min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

12. Name J.J. Mathis
13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary F. Malone
15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Howard L. Asbell
(b) Address Kansas City, Missouri17. (a) burial (b) Date thereof 7/24/1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Huntsville, Missouri18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo19. (a) July 30-48 (b) Mr. D. B. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. Elm Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1948 hour 1:00 A.M. minute _____ M.21. I hereby certify that I attended the deceased from
April 22 1948 to July 22 1948
that I last saw h. or alive on July 22 1948
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 7 daysDue to arterio sclerosis & Hypertension

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury hD23. Signature P. V. Dwyer (M. D. or other) hD
Address Huntsville Mo Date signed 7/25/48

RECEIVED

District Health Officer No. 11

File Number 8-48-111

Date Filed AUG 1 1946

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Tom B. Patton

Licensed Embalmer No.

3914

P. O. Address

Huntsville

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 this body is not embalmed, fact should be so stated above.