

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36052
Registrar's No. 72

Registration District No. 180

Primary Registration District No. 5283

1. PLACE OF DEATH:

(a) County DENT
(b) City or town RURAL - GLADDEN TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(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 KATE ASBRIDGE
3: (b) If veteran, _____ 3: (c) Social Security No. _____
name war _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife MEL 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased FEB 3 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 18 If less than one day
hr. _____ min. _____

9. Birthplace PENN
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS WAREEL
13. Birthplace PENN
(City, town, or county) (State or foreign country)
14. Maiden name NANCY HOPKINS
15. Birthplace PENN
(City, town, or county) (State or foreign country)

16. (a) Informant Mel Asbridge
(b) Address GLADDEN, MO

17. (a) BURIAL (b) Date thereof 11/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREEN FOREST CEM.

18. (a) Signature of funeral director W. K. Spencer
(b) Address SALEM, MISSOURI

19. (a) Nov 23-48 (b) M. M. Hartm. p.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1948 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 4 1948 to Nov 21 1948
that I last saw him alive on Nov 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic
fractures

Due to _____
Due to hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: ✓ 97
Of operations _____
Of autopsy no

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? 0

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature J. G. Gilliam (M. D. or other)
Address Salem, MO Date signed 11-23-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-29-48
DISTRICT NO. 11-29-48
DISTRICT NO. 11-29-48
Date Filed 11-29-48

DEC 11 1948

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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 this body is not embalmed, fact should be so stated above.