

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 2172  
Registrar's No. 4Registration District No. 278Primary Registration District No. 5953

## 1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Near Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Buffalo Township  
(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 NAMERaymond ASBRIDGE

## 3. (b) If veteran,

name war

World War II

## 3. (c) Social Security No.

496-14-0518

## 4. Sex

Male5. Color or  
race White6. (a) Single, widowed, married,  
divorced Single

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Birth date of deceased

Jan  
(Month)22  
(Day)1921  
(Year)

## 8. AGE:

Years

Months

Days

If less than one day

271118

hr. \_\_\_\_\_ min.

## 9. Birthplace

Clarksville  
(City, town, or county)Mo  
(State or foreign country)

## 10. Usual occupation

Worked on Bargain Line

## 11. Industry or business

Daniel's Asbrige

## 12. Name

Daniel's Asbrige

## 13. Birthplace

Clarksville  
(City, town, or county)Mo  
(State or foreign country)

## 14. Maiden name

Maud PetersMo  
(State or foreign country)

## 15. Birthplace

Clarksville  
(City, town, or county)Mo  
(State or foreign country)

## 16. (a) Informant

Melvin Asbridge

## (b) Address

Clarksville17. (a) burial

(Burial, cremation, or removal)

## (b) Date thereof

Jan 11-49  
(Month) (Day) (Year)

## (c) Place: burial or cremation

Greenwood

## 18. (a) Signature of funeral director

Harry L. Lamm

## (b) Address

Clarksville19. (a) 1-10-49

(Date received local registrar)

(b) Bernice Collins

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82  
(c) City or town Clarksville 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9  
year 1949 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him dead alive on Jan 9, 1949;

and that death occurred on the date and hour stated above.

Immediate cause of death Drowning Duration \_\_\_\_\_Due to Pinned under automobile  
which overturned into water

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations \_\_\_\_\_

## Of autopsy \_\_\_\_\_

(Verdict of Coroner's Jury)

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

(a) Accident, suicide or homicide (specify) Accident  
(b) Date of occurrence January 9-1949  
(c) Where did injury occur? Louisiana Pike Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Highway 79-1 Mi South Louisiana Mo.  
While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Mudd 3 (M.D. or other)Address Pauling Green, Mo. Date signed 1-9-49

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1949

RECEIVED

District Health Officer No. 14

District File Number 14-1-1-1

Date Filed JAN 14 1949

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

J. B. Sterne

Licensed Embalmer No. 41039

P. O. Address

Louisiana, 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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