

No. 300
10-48

28

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7848

FILED APR 4 1949

State File No.

BIRTH NO.		REG. DIST. NO. <u>91</u>		PRIMARY REG. DIST. NO. <u>5330</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>			
b. CITY OR TOWN <u>RURAL-OSAGE</u>		c. LENGTH OF STAY (in this place) <u>70 YRS</u>		c. CITY OR TOWN <u>RURAL-OSAGE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 MILES E. OF CHERRYVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>10 MILES E. OF CHERRYVILLE</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSHUA FRANKLIN ASKINS</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-4-1870</u>		9. AGE (In years last birthday) <u>79</u>	If UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	If UNDER 24 Hrs. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CRAWFORD Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>JAMES ASKINS</u>			13b. MOTHER'S MAIDEN NAME <u>ANNIE HALBERT</u>		14. NAME OF HUSBAND OR WIFE <u>ARTIE ASKINS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IRVIN ASKINS - VIBURNUM - MO.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage Complicated</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Chronica</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>285X</u>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NI</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NI</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NI</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/12</u> , 19 <u>49</u> , to <u>3/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/12</u> , 19 <u>49</u> , and that death occurred at <u>7:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. A. Aschmann M.D.</u>				23b. ADDRESS <u>Department of Health</u>		23c. DATE SIGNED <u>3/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SELLERS CEMETERY NEAR DILLARD, MO.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>Mar. 22.</u>		REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Hubert</u>		ADDRESS <u>Steubenville, Mo.</u>	

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

RECEIVED

District Health Officer No. 5

District File Number 449238

Date Filed 4-1-49

APR 4 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Thomas L. Gachert

Licensed Embalmer No. 4332

P. O. Address Steville, 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.