

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7918

State File No.

BIRTH NO.		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5392</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Franklin Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Darien</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Near Salem, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u>		b. (Middle) <u>Alice</u>		c. (Last) <u>Asbridge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>11/27/82</u>	
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months Days		11. UNDER 2 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>A.D. Hoodenpyle</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Gibbons</u>		14. NAME OF HUSBAND OR WIFE <u>Fate Asbridge</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. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fate Asbridge, Salem, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bath lungs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>16-3X</u>				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Nov 1948</u> to <u>Feb 27</u> , 19 <u>49</u> that I last saw the deceased alive on <u>Feb 20</u> , 19 <u>49</u> , and that death occurred at <u>3:50 P.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lutwick Randall M.D.</u>				23b. ADDRESS <u>Lutwick M.D.</u>		23c. DATE SIGNED <u>3-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/1/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Forest</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 8-49</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Carl N. Spencer</u>		ADDRESS <u>Salem, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-14-49

District Health Officer No. 5.

District File Number 349-200

Date Filed 3-21-49

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

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.