

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12204

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>			
b. CITY OR TOWN <u>WEST PLAINS,</u>		c. LENGTH OF STAY (in this place) <u>34 YEARS.</u>		c. CITY OR TOWN <u>WEST PLAINS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>MISSOURI AVE.</u>			
3. NAME OF DECEASED (Type or Print) <u>THOMAS</u>		a. (First) <u>LILBURN</u>		c. (Last) <u>ASBERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 9, 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 14, 1913</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 12 HRS. Hours <u>—</u> Mins. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MTN. VIEW, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JIM ASBERRY</u>		13b. MOTHER'S MAIDEN NAME <u>BELLE PLIKER</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE FINDLEY ASBERRY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>490-12-1112</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FLORENCE F. ASBERRY,</u> ADDRESS <u>WEST PLAINS, MO. MISSOURI AVE.</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>Pulmonary Phleisies</u> ANTECEDENT CAUSES Morbidity 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 <u>16 HRS.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>6028</u>			
22. I hereby certify that I attended the deceased from <u>9/4</u> , 19 <u>48</u> , to <u>4/8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/8</u> , 19 <u>49</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Maurice Thompson</u> (Degree or title)				23b. ADDRESS <u>West Plains Mo.</u>		23c. DATE SIGNED <u>4/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOWELL VALLEY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HOWELL TWP., HOWELL COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-26-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Thompson</u> ADDRESS <u>WEST PLAINS, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5.

District File Number 549331

Date Filed 5-6-49

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.

Signed _____

Hal Thompson

Signed _____
Student Embalmer

Licensed Embalmer No. 3408

P. O. Address West Plains

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.