

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12241

BIRTH NO. 49-021955 REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Banner</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Banner</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Baby</u>	b. (Middle)	c. (Last) <u>Askeu</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>April 14 1948</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 12, 1949</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
							<u>24</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Perry Askeu</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Humphrey</u>	14. NAME OF HUSBAND OR WIFE
---------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Perry Askeu</u>	ADDRESS <u>Banner, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>7735</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Birth</u> DUE TO (c).		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Leola Mo Iron Mo</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 4-12, 1949, to 4-14, 1949, that I last saw the deceased alive on 4-12, 1949, and that death occurred at 6 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jus. W. Hoffmann MD</u>	23b. ADDRESS <u>Bismarck Mo</u>	23c. DATE SIGNED <u>4-28-49</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>on the farm</u>	24d. LOCATION (City, town, or county) (State) <u>Banner Mo</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>April 16 - 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>none</u>	ADDRESS
---	--	--	---------

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

RECEIVED

Health Officer No. 4

File Number 549-582

Date 5-27-49

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.....

Licensed Embalmer No.....

P. O. Address.....

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.