

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22545**
Registrar's No. **170**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 170	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Columbia R.F.D. #6		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION Columbia, Route 6				d. STREET ADDRESS (If rural, give location) R. F. D. #6			
3. NAME OF DECEASED (Type or Print) Stephen Everett Asbury			4. DATE OF DEATH (Month) (Day) (Year) June 30 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 3, 1878	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) Howard County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gunsmith		10b. KIND OF BUSINESS OR INDUSTRY Gunsmith		13a. FATHER'S NAME James S. Asbury		13b. MOTHER'S MAIDEN NAME Anne E. Slaughter	
				14. NAME OF HUSBAND OR WIFE Mary Lee Asbury			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Asbury - East St. Louis, Ill.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 2 wks 33ix	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 6-19, 1949 to 6-30, 1949 that I last saw the deceased alive on 6-30, 1949 and that death occurred at 10:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. O. Willett (Degree or title)				23b. ADDRESS Columbia, Missouri		23c. DATE SIGNED 7-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Columbia, Missouri	
DATE REC'D BY LOCAL REG. July 5 1949		REGISTRAR'S SIGNATURE Mrs R E Palmer		FURNERAL DIRECTOR'S SIGNATURE R. O. Willett		ADDRESS Columbia, Mo.	

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

