

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **24312**

FILED AUG 13 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **251**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>1020 West 16th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ASBURY</b> b. (Middle) <b>NEWTON</b> c. (Last) <b>MICHAEL</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 21, 1949</b>		
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<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 26, 1875</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>	<b>IF UNDER 1 YEAR</b> Months <b>7</b> Days <b>25</b>	<b>IF UNDER 24 HRS.</b> Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>same</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Rumney, West Virginia</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
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<b>13a. FATHER'S NAME</b> <b>Edwin R. Michael</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>UNKNOWN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Minerva T. Michael</b>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Mildred Karrick, Houstonia, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>8 1/2 hrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Perforation, Stomach, Traumatic</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <b>Pneumonitis, Generalized</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Atelectasis, Traumatic, Left Lung</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Collision with other motor vehicle</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (City, town, or township) <b>15 m. N. Sedalia</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Longwood township Pettis Mo.</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>7 17 1949 11AM</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Automobile accident</b>
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**22. I hereby certify that I attended the deceased from 7-17-1949, to 7-21-1949, that I last saw the deceased alive on 7-21-1949, and that death occurred at 3:05 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>P. V. Siegel M.D.</b>	<b>23b. ADDRESS</b> <b>Smithton</b>	<b>23c. DATE SIGNED</b> <b>7/21/49</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>7-23-49</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MEMORIAL PARK</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>SEDALIA MISSOURI</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-23-49</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Betty Yeager</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>D. W. Hechart</b>	<b>ADDRESS</b> <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
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RECEIVED AUG 1

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-12-49

SEP 10 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.

Signed \_\_\_\_\_

*Frank S Coffman Jr*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.