No. 300
10-48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16577

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5541 Registrar's No. 40

1440

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

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - South Union Township
c. LENGTH OF STAY (in this place): 72 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ miles southwest of Craig

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — South Union Township 0440
d. STREET ADDRESS (If rural, give location): 4½ miles southwest of Craig

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): Katherine
c. (Last): Asendorf

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 14, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In the home
11. BIRTHPLACE (State or foreign country): Near Corning, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fritz Nordloh
13b. MOTHER'S MAIDEN NAME: Sophia Sandman
14. NAME OF HUSBAND OR ~~WIFE~~: Louis A. Asendorf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Laura Geib — ADDRESS: Craig, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

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: 4 Sol

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 5/18, 1950, *to* 5/18, 1950, *that I last saw the deceased alive on* 5/18, 1950, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Bruce M. Roe, D.O.
23b. ADDRESS: Craig Mo.
23c. DATE SIGNED: 5/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/21/50
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county): Craig (State): Mo.

DATE REC'D BY LOCAL REG.: 5-21-50
REGISTRAR'S SIGNATURE: [signature] 122
25. FUNERAL DIRECTOR'S SIGNATURE: Wilber L. Schooler — ADDRESS: Craig, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 22 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Myself, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, 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.