

## STANDARD CERTIFICATE OF DEATH

State File No. **20831**

National Office of Vital Statistics

FILED JUL 13 1950

Registration District No. **187**Primary Registration District No. **2677**Registrar's No. **17**

## 1. PLACE OF DEATH:

(a) County Lincoln  
 (b) City or town Rural Union Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 220  
 In this community 10 days  
 years, months or days

3. (a) PRINT FULL NAME ISAAC ASBY

3. (b) If veteran, name war none  
 3. (c) Social Security No. no

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased 10 (Month) 2 (Day) 1878 (Year)

8. AGE: Years Months Days If less than one day  
71 8 14 hr. min.

9. Birthplace Lincoln Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business XX

12. Name Unknown

13. Birthplace Lincoln Co. Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Louisa Dillon

15. Birthplace Lincoln Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant H. J. Townsend

(b) Address Silt Mo.

17. (a) Burial (b) Date thereof 6-18-1  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bitter Cemetery

18. (a) Signature of funeral director W. R. Danner

(b) Address Silt Mo.

19. (a) 7/1/50 (b) Mr. J. A. Dr. Dr. Dr.  
 (Date received local registrar) (Registrar's signature)

(c) Place: burial or cremation Bitter Cemetery

18. (a) Signature of funeral director W. R. Danner

(b) Address Silt Mo.

19. (a) 7/1/50 (b) Mr. J. A. Dr. Dr. Dr.  
 (Date received local registrar) (Registrar's signature)

(c) Place: burial or cremation Bitter Cemetery

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. XX 9 mi. South St. Charles  
 (If rural, give location)  
 (e) Citizen of foreign country? XX (Yes or No)  
 If yes, name country XX

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
 year 1950 hour 2 PM minute —

21. I hereby certify that I attended the deceased from June 16 - 1950 to June 16 - 1950  
 that I last saw him alive on June 16 - 1950 (AM) and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Myocardial infarction

Due to Chronic Myocardial

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: Of operations 1/7/51

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur in or about home or farm, in industrial place, in public place? —

While at work? (Specify type of place) Means of injury —

23. Signature R. M. Cerny (M. D. or other) —

Address Silt Mo. Date signed 6/16/50

RECEIVED JUN 8 1950  
District Health Officer No. 9,  
District No. Number

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

W. R. Danner

Licensed Embalmer No. 2251

P. O. Address State 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.