

S. No. 300
V. 10.48

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26014

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BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noyes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1012 Walnut St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>LEWELLYN</u> c. (Last) <u>ASBURY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 30, 1910</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 6 HRS. Hours <u>5</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee of Adair Hatchery</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Calvin Wright Asbury</u>		13b. MOTHER'S MAIDEN NAME <u>Ula Belle McMinn</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Lee Parmer Asbury</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. World War II</u>		16. SOCIAL SECURITY NO. <u>489-20-1925</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Calvin W. Asbury, 1012 Walnut, Columbia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asteroid Cancer, mild</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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 <u>Coronera</u> , 19 <u>50</u> , to <u>present</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 8</u> , 19 <u>50</u> , and that death occurred at <u>1012 Walnut</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry M. Griffith, M.D. Coronera</u>		23b. ADDRESS <u>Columbia Mo</u>	
23c. DATE SIGNED <u>9-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 8, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 9 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia, Mo.</u>		ADDRESS <u>31</u>	

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

RECEIVED 9-12-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-12-50

SEP 13 1950

SEP 14 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia 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.