

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30894

State File No.

FILED SEP 18 1950

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		c. LENGTH OF STAY (in this place) <u>56 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Pine Street</u>				d. STREET ADDRESS (If rural, give location) <u>Holden, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Asbury</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27, 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 1, 1873</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>1</u>		11. DAYS <u>27</u>		12. HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Asbury, North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dr. Francis E. Asbury</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Coble Asbury</u>		14. NAME OF HUSBAND OR WIFE <u>Zoe Baldwin Asbury</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William M. Asbury, Holden, 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, asthma, 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>Hypertensive Cardiovascular disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen Arterio sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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) <u>none</u>		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 <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>8/25/50</u> , 19 <u>50</u> , to <u>8/27/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8/27/50</u> , 19 <u>50</u> , and that death occurred at <u>11:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kelly Rowland M.D.</u>				23b. ADDRESS <u>Holden Mo</u>		23c. DATE SIGNED <u>8/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 2, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday & Ropp, Holden, Missouri.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

510
1

SEP 29 1950

RECEIVED
SEP 7 1950
NEGATIVE

JOHNSON COUNTY HEALTH DEPT.

SEP 27 1950

SEP. 29 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Samuel B Rapp*,
.....

Licensed Embalmer No. ~~343~~ 4044

P. O. Address Holden, Missouri.

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.