

## STANDARD CERTIFICATE OF DEATH

State File No. 19180

FILED JUN 4 1951

BIRTH NO. REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 61661 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <i>Stone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Stone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Cape Fair</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Cape Fair</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>1040</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>Leane</i> c. (Last) <i>Asher</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 11 - 1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 13 1886</i>
9. AGE (In years last birthday) <i>64</i>		10. BIRTHPLACE (State or foreign country) <i>Barry Co. Missouri</i>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	

13a. FATHER'S NAME <i>Ed Foster</i>		13b. MOTHER'S MAIDEN NAME <i>Rebecca Henson</i>		14. NAME OF HUSBAND OR WIFE <i>William Asher (deaf)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Perry Asher</i>	
				ADDRESS <i>Salina Mo</i>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
		ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>331 x</i>		20. AUTOPSY? YES <input 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)		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 *at death* 1951, *May 11*, 1951, that I last saw the deceased *alive on May 11, 1951* and that death occurred at *12:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Ernest C. Cheatham</i>		(Degree or title)		23b. ADDRESS <i>Salina Mo</i>		23c. DATE SIGNED <i>May 11 - 51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>May 13 - 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Summers</i>		24d. LOCATION (City, town, or county) (State) <i>Cape Fair Mo</i>	
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DATE REC'D BY LOCAL REG. <i>May 12 - 51</i>		REGISTRAR'S SIGNATURE <i>Mr. J. E. Brasseur</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ernest C. Cheatham</i>		ADDRESS <i>Salina Mo</i>	
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*per Lena Murray* (Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 31 1951

Dist. File 227-9232

Date Filed 2-21-52

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Ereth J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena 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.