

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20287**

FILED JUL 10 1952		BIRTH NO. <u>35434</u>		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>57</u>							
1. PLACE OF DEATH a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> c. LENGTH OF STAY (in this place) <u>4 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lee Hospital 100 East Davis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> d. STREET ADDRESS (If rural, give location) <u>100 East Davis</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rory</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Asbury</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>25</u> (Year) <u>1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>June 20, 1952</u>		9. AGE (In years last birthday) <u>--</u> If UNDER 1 YEAR: Months <u>--</u> Days <u>4</u> If UNDER 1 MRS. Hours <u>16</u> Min. <u>--</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Rodney Wayne Asbury</u>				13b. MOTHER'S MAIDEN NAME <u>Evelyn June Ballew</u>				14. NAME OF HUSBAND OR WIFE <u>None</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>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Rodney Wayne Asbury</u> ADDRESS <u>Roanoke 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>Prematurity - 6 1/2 months gestation</u> 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			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>116X</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) (Second) 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>June 20, 1952</u> , to <u>June 25, 1952</u> , that I last saw the deceased alive on <u>June 25, 1952</u> and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>M. W. Beech</u> (Deputy or title)				23b. ADDRESS <u>Fayette, Mo.</u>				23c. DATE SIGNED <u>7/6/52</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 26 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glasgow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Missouri</u>									
DATE REC'D BY LOCAL REG. <u>7-7-52</u>		REGISTRAR'S SIGNATURE <u>Mary K. Sheel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward F. Boyles</u>		ADDRESS <u>Fayette Missouri</u>									

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*Body Was Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Edward F. Boyles*

Licensed Embalmer No. *4553*

P. O. Address *Fayette, 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.