

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36045

State File No.

LEO NOV 15 1952 67079 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3059 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY St. Charles County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lodi 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Janet b. (Middle) Sue c. (Last) Asher		4. DATE OF DEATH (Month) (Day) (Year) 11 10 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Child	8. DATE OF BIRTH 10-20-1952
9. AGE (In years last birthday) 20		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (State or foreign country) Poplar Bluff Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Vernon Asher		13b. MOTHER'S MAIDEN NAME Mary Lois Tibbs		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ANDREW V. VERNON ASHER	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia, bilateral 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.		INTERVAL BETWEEN ONSET AND DEATH 18 hours.	

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7630	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) ---		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 11-10, 1952, to 11-10, 1952, that I last saw the deceased alive on 11-10, 1952, and that death occurred at 10:10 pm., from the causes and on the date stated above.					
23a. SIGNATURE Russell H. Hinder M.D.		23b. ADDRESS St. Charles		23c. DATE SIGNED 11-11-52	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 11-52		24c. NAME OF CEMETERY OR CREMATORY Lodi Cemetery Lodi Mo		24d. LOCATION (City, town, or county) (State) Lodi Mo	
DATE REC'D BY LOCAL REG. 11-11-52		REGISTRAR'S SIGNATURE James Hammett		25. FUNERAL DIRECTOR'S SIGNATURE J. Schum		ADDRESS 3125 LaFayette Ave	

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

JAN 22 1953

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.....

Joe B. Kolbner

Licensed Embalmer No. 4014

P. O. Address

3125 Lafayette St

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.

SX L Mc