

No. 300
10. 48

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1939

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>A249</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFF</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLOBORO</u>		c. LENGTH OF STAY (in this place) <u>22 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON MO. 0940</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>R. R #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SYLVESTER</u> b. (Middle) _____ c. (Last) <u>ASHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 19 1953</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APR. 15 1878</u>		9. AGE (In years last birthday) <u>74</u> OF WHICH: YEAR _____ MONTHS _____ DAYS _____ IF UNDER 1 YEAR: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>BOSS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>REBECCA ASHER</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE ASHER</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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Asher Farmington 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis with psychosis.</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) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia, right lower lobe, convalescent.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 days.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</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) (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>April</u> , 1951, to <u>Jan 19</u> , 1953, that I last saw the deceased alive on <u>Jan 14</u> , 1953, and that death occurred at <u>2 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>				23b. ADDRESS <u>Delato, Mo.</u>		23c. DATE SIGNED <u>1-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 22 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BISMARCK MO.</u>		
DATE REC'D BY LOCAL REG. <u>1-20-53</u>		REGISTRAR'S SIGNATURE <u>Garrett Marden</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Queen Funeral Home Farmington Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

500
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DATE RECEIVED JAN 27 1953
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

FEB 5 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lawrence B. Decker

Licensed Embalmer No. 4104

P. O. Address Oshtemo 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.