

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9289

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5387 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Dent
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Osage twp.
c. LENGTH OF STAY (In this place) yr's _____
d. FULL NAME OF HOSPITAL OR INSTITUTION X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Dent
c. CITY OR TOWN Boss
d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) So Boss 4 miles 0330

3. NAME OF DECEASED (Type or Print)
a. (First) Emma Alice
b. (Middle) Asher
c. (Last) _____
4. DATE OF DEATH (Month) / (Day) / (Year) 3/14/53

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 23/75
9. AGE (In years less birthday) 77 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY X
11. BIRTHPLACE (City and State or Foreign Country) Tenn
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Jim Pryor
13b. MOTHER'S MAIDEN NAME Mary Collins
14. NAME OF HUSBAND OR WIFE John Asher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. X
17. INFORMANT'S SIGNATURE OR NAME Ed Asher ADDRESS Boss Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
A forid 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 _____

20. AUTOPSY? YES NO

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-24-47, 19____, to 2-20-52, 19____, that I last saw the deceased alive on 2-20-52, 19____, and that death occurred at 8:30 A., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____
23b. ADDRESS Salem, Mo.
23c. DATE SIGNED 3-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/15/53
24c. NAME OF CEMETERY OR CREMATORY Boss Cem
24d. LOCATION (City, town, or county) (State) Boss, Mo

DATE RECD BY LOCAL REG. 3-14-53
REGISTRAR'S SIGNATURE [Signature]
FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

330
1

No. 300
10. 48

MAR 25 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.....
Signature of Student Embalmer

Signed.....
Carl H. Jones

Licensed Embalmer No.....
2376

P. O. Address.....
Salina

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**