

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2346**

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **5-960** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) Rural c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 5 Miles West of Smithville	
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Emma c. (Last) Asher		4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1954	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1877
9. AGE (In years last birthday) 76		10. MONTHS 1	11. YEARS 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John L. Jesse		13b. MOTHER'S MAIDEN NAME Adeline Grindstaff	
14. NAME OF HUSBAND OR WIFE Louis E. Asher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME L. E. Asher		ADDRESS Smithville, Mo. RFD	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) GENL. ARTERIO-SCLEROSIS			
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 <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 1/14 , 19 54 , to 1/17 , 19 54 , that I last saw the deceased alive on 1/17 , 19 54 , and that death occurred at 5 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter J. Zick M.D.		23b. ADDRESS Smithville Mo	
23c. DATE SIGNED 1/18/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-19-54	
24c. NAME OF CEMETERY OR CREMATORY Deberry Cemetery		24d. LOCATION (City, town, or county) (State) Platte County, Missouri	
DATE REC'D BY LOCAL REG. 1-18-54		REGISTRAR'S SIGNATURE Phyllis Ballins	
25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home		ADDRESS Smithville, Mo.	

(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-----

working under my personal supervision.

Student Embalmer No.....

Signed.....

Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.