

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 5

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FILED MAR 3 1954

BIRTH NO. REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4361

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canalou, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canalou, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Raymond</u>		c. (Last) <u>Asa</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/20/54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>5/14/71</u>		9. AGE (In years last birthday) <u>82</u>		10. ☐ UNDER 1 YEAR 11. ☐ 1 YEAR 12. ☐ OVER 1 YEAR Months <u>9</u> Days <u>6</u> Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sawyer in</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber mill</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Hugh Asa</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Clara E Asa</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara E Asa Canalou, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic Cardiovascular Disease</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) _____ 2. 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)	
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 1949, to 2-18, 1954, that I last saw the deceased alive on 2-18, 1954, and that death occurred at 0.30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alfred D. Barger, M.D.</u>		23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>2-24-54</u>	
24a. BURIAL, CREMATION, DISPOSAL (Specify)		24b. DATE <u>2/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morley Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Morley, Mo</u>		24e. LOCAL REG. <u>727-54</u>			

REGISTRAR'S SIGNATURE <u>Thomas W. Sheeter</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Mary Jones Sikeston, Mo</u>		ADDRESS	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John Allerton

Licensed Embalmer No. *2941*

P. O. Address *Superior*

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.