

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9321

State File No. _____

No. 300

10.48

FILED MAR 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>MARCELINE, MO</u>		c. LENGTH OF STAY (in this place) <u>3 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>		0581	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUNTON NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>MARCELINE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>		b. (Middle) <u>MARION</u>		c. (Last) <u>ASBURY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-54</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>9-21-1872</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Month Day		IF UNDER 24 HRS. Hours Mins. <u>5 21</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WATERLOO, IOWA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE PIFFIER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give year or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RICHARD ASBURY MARCELINE, 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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SARCOMA BREAST</u> ANTECEDENT CAUSES (b) <u>Generalized metastasis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 _____, 19 <u>54</u> to <u>3-12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>54</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. M. Laughlin, M.D.</u>				23b. ADDRESS <u>Marceline, MO</u>		23c. DATE SIGNED <u>3-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/16/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>		24d. LOCATION (City, town, or county) (State) <u>MARCELINE, MO</u>	
DATE REC'D BY LOCAL REG. <u>3-16-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. M. Laughlin, Marceline, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 1961 9:41 AM

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
Student Embalmer

Signed George D. Pennell
Student Embalmer No. _____

Licensed Embalmer No. 4425

P. O. Address Mexline, 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.