

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6993**

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Stoddard 103/		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Dexter, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Dexter, Mo. 103/0	
c. LENGTH OF STAY (in this place) 5yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) Myrtle c. (Last) Asbell			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 9, 1905		9. AGE (In years last birthday) 49		10. UNDER 1 YEAR OF UNDER 1 MO. OF UNDER 1 Wks. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Link		13b. MOTHER'S MAIDEN NAME Ava Gates	
14. NAME OF HUSBAND OR WIFE Chester Asbell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Chester Asbell		ADDRESS Dexter, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia ANTECEDENT CAUSES Carcinoma of Bladder Morbidity 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: Metastasis to abdomen Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 27.48hrs 6 Mins	
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 **Dec 1954**, to **Feb 19, 1955**, that I last saw the deceased alive on **Feb 19, 1955**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. A. Asbell (Degree or title)		23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED 2/22/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 21.55		24c. NAME OF CEMETERY OR CREMATORY Walker Cem.	
24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons, Fun. Ser. Dexter, Mo.			

DATE REC'D BY LOCAL REG. **2-7-55** REGISTRAR'S SIGNATURE **Delma D. Jenkins** 404

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Depler Trs

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.