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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 22 1955

State File No. 12593

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY OR TOWN PINEVILLE	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN PINEVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 0600	

3. NAME OF DECEASED (Type or Print)	a. (First) Lucius	b. (Middle) Charles	c. (Last) Asbury	4. DATE OF DEATH (Month) (Day) (Year) 4-1-1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3-1-1883	9. AGE (In years at birthday) 72	IF UNDER 1 YEAR Months 1 Days 0	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY FURNITURE	11. BIRTHPLACE (City and State or Foreign Country) RETREAT Wis.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Asbury	13b. MOTHER'S MAIDEN NAME Abma Griffith	14. NAME OF HUSBAND OR WIFE Edith Asbury
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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. 429-09-9892	17. INFORMANT'S SIGNATURE OR NAME Edith Asbury	ADDRESS Pineville Mo
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 21 day
	ANTECEDENT CAUSES DUE TO (b) Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331 X
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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?
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22. I hereby certify that I attended the deceased from **Dec 9, 1950**, to **Apr 1, 1955**, that I last saw the deceased alive on **Apr 1, 1955**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Sw. Burial 200	(Degree or title)	23b. ADDRESS Pineville Mo	23c. DATE SIGNED 4/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-4-1955	24c. NAME OF CEMETERY OR CREMATORY PINEVILLE CEM	24d. LOCATION (City, town, or county) (State) Pineville Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4-15-55	REGISTRAR'S SIGNATURE Maya... 423-0	25. FUNERAL DIRECTOR'S SIGNATURE Henry... 2000	ADDRESS Sand Home
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(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1956

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 *Wayne E. Humphreys*

Licensed Embalmer No. *426*

P. O. Address *Pineville*

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.