

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

**FILED NOV 29 1955**  
**STANDARD CERTIFICATE OF DEATH**

State File No. **37926**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **3442**

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission? a. STATE <b>MISSOURI</b> b. COUNTY <b>IRON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>RURAL, ST. FRANCOIS</b>		c. CITY OR TOWN <b>BANNER</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2hrs</b>		e. STREET ADDRESS (If rural, give location) <b>04701</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>MINERAL AREA OSTEO. HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>BRENDA</b>	b. (Middle) <b>KAY</b>	c. (Last) <b>ASKEW</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 20, 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>11-20-55</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>FARMINGTON, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>PERRY ASKEW</b>	13b. MOTHER'S MAIDEN NAME <b>HELEN HUMPHREY</b>	14. NAME OF HUSBAND OR WIFE <b>Infant</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HELEN ASKEW, BANNER, MISSOURI</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		<b>immediate</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Miscarriage</b> DUE TO (c) <b>Early rupture amnion spontaneous</b>		<b>12hr</b> <b>12hr</b>
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 <b>7615</b>	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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 20, 1955**, to **Nov 20, 1955**, that I last saw the deceased alive on **Nov 20, 1955**, and that death occurred at **10:51** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Marion R. Eubank MD</b> (Degree or title)?	23b. ADDRESS <b>Farmington Mo.</b>	23c. DATE SIGNED <b>11-24-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 21, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Buried by family at home place, Banner, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Nov. 21, 1955</b>	REGISTRAR'S SIGNATURE <b>Eather Rudloff</b> <b>289-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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**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

*Not embalmed*  
Signed.....  
Licensed Embalmer No.....  
P. O. Address.....

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.