

STANDARD CERTIFICATE OF DEATH

State File No. **4346**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1711-A**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Muskogee	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN Muskogee	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) hours		e. STREET ADDRESS (If rural, give location) 312 North Fourteenth Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Burge Hospital			

3. NAME OF DECEASED (Type or Print) WILLIAM	a. (First)	b. (Middle) MARCUS	c. (Last) ASQUITH	4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hour 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 Leather Goods	11. BIRTHPLACE (City and State) Burlington, Indiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Robert Asquith	13b. MOTHER'S MAIDEN NAME Lillie Scott	14. NAME OF HUSBAND OR WIFE Mildred T. Asquith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME William M. Asquith, Jr.	ADDRESS Muskogee, Ok.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Minutes
ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.	UNATTENDED BY A PHYSICIAN		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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20. ACCIDENT SUICIDE OR HOMICIDE (Specify)	21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21b. 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 _____, 19____, to _____, 19____, that he last saw the deceased _____ that death occurred at **4:50 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Miss Williams	(Degree or title) Local Registrar	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 2/18/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/18/1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Muskogee, Oklahoma
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DATE REC'D BY LOCAL REG. 2-27-56	REGISTRAR'S SIGNATURE Miss Williams	25. FUNERAL DIRECTOR'S SIGNATURE Harry Lynn	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING SPRINGFIELD, MISSOURI PERMANENT RECORD

623 West Walnut

MAR 20 1956

MAR 5 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 *James W. Wair*.....
Licensed Embalmer No...4..6..5

P. O. Address Springfield,

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.