

16-300
0-48

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17019**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY McDonald 0600		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Mo b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) HANABAN		c. CITY OR TOWN 2 Mas	
d. FULL NAME OF HOSPITAL OR INSTITUTION:		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Whinnie b. (Middle) ANN c. (Last) ASHER			4. DATE OF DEATH (Month) (Day) (Year) 5-2-1956		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Aug 27 1890	
11. BIRTHPLACE (City and State or Foreign Country) Meramecville, Mo		12. CITIZEN OF WHAT COUNTRY US		9. AGE (In years last birthday) 65 Months 9 Days 5 If UNDER 1 YEAR: Hours 5 If UNDER 24 HRS. Min.	

12a. FATHER'S NAME JOHN ASHER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Uterus		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 174X		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)		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 I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE W. M. Humphrey, Coroner		23b. ADDRESS Mo.		23c. DATE SIGNED 5-3-56	
---	--	-------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL		24b. DATE 5-4-1956		24c. NAME OF CEMETERY OR CREMATORY BRUSH CREEK	
				24d. LOCATION (City, town, or county) (State) NOEL, MO (12)	

DATE REC'D BY LOCAL REG. 5-31-56		REGISTRAR'S SIGNATURE Elyde A. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE W. M. Humphrey, Meramecville, Mo	
---	--	---	--	--	--

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

(Licensed Embalmer's Statement on Reverse Side)

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..... *F. M. Humphrey*

Licensed Embalmer No.....

P. O. Address..... *Noel*

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.