

FILED JUL 10 1956 STANDARD CERTIFICATE OF DEATH

22616

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4538</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u>		c. LENGTH OF STAY (in this place) <u>14</u>		c. CITY OR TOWN <u>CAPE GIRARDEAU</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				e. STREET ADDRESS (If rural, give location) <u>46 A. HANOVER</u> <u>1110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MESIE</u>		b. (Middle) <u>ASTHOLZ</u>		c. (Last) <u>ASTHOLZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JAN 27 1888</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELLER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY ASTHOLZ</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA BRANDES</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ESTHER M. FOLEY</u> ADDRESS <u>1220 HARMONY CAPE GIRARDEAU</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Coronary Thrombosis</u> <u>Antecedent Causes</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>12 IL</u>			
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) <u>Bedmore Wayne MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 <u>None</u> , 19____, to _____, 19____, that I last saw the deceased alive on <u>None</u> , 19____, and that death occurred at <u>12:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. G. F. ...</u>				23b. ADDRESS <u>Bedmore MO</u>		23c. DATE SIGNED <u>7-4-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>July 4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD LORIMIER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU MO.</u>	
DATE REC'D BY LOCAL REG <u>July 4, 1956</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Leish</u> ADDRESS <u>Bedmont MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E Bowles.....

Licensed Embalmer No. 444

P. O. Address Piedmont

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.