

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26372**

FILED AUG 28 1956

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 249	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City.			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 224 Boonville Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) George Thomas b. (Middle) Asbury c. (Last) Asbury			4. DATE OF DEATH (Month) (Day) (Year) August 23, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 25, 1893	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own		9. AGE (In years last birthday) 63	
11. BIRTHPLACE (City and State or Foreign Country) Boone Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Asbury		13b. MOTHER'S MAIDEN NAME Martha White	
14. NAME OF HUSBAND OR WIFE Gertrude Asbury		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. 510-05-7967		17. INFORMANT'S SIGNATURE OR NAME Mrs Gertrude Asbury ADDRESS Jefferson City, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection of the myocardium INTERVAL BETWEEN ONSET AND DEATH 72 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Artery other than 72 hours DUE TO (c) Arteriosclerotic Heart Disease Indeterminate 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 checked="" type="checkbox"/> <input 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 Sept , 1953, to 8.23 , 1956, that I last saw the deceased alive on 8.23 , 1956, and that death occurred at 8 A m., from the causes and on the date stated above.							
23a. SIGNATURE John D. Hunter MD (Degree or title)				23b. ADDRESS 302 Belvoir		23c. DATE SIGNED 8/24/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 25, 1956		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. 24 Aug 1956		REGISTRAR'S SIGNATURE R. A. Dorrie MD JR		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher J. C. MO		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1956

SEP 29 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
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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 this body is not embalmed, fact should be so stated above.