FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3834

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5124 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route 1, DeKalb — Length of stay in 1b 10 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN De Kalb 0110 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Route 1 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LEON Middle G. Last ASHER

4. DATE OF DEATH Month Day Year Jan. 30, 1957

5. SEX Male
6. COLOR OR RACE White 0
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH About 1888
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail carrier
10b. KIND OF BUSINESS OR INDUSTRY U.S.Postal
11. BIRTHPLACE (City and state or country) Bradford, Rhode Island
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Andrew J. Lewis, Address DeKalb, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burned to death when house burned — INTERVAL BETWEEN ONSET AND DEATH none

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 9160

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 16

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Death due to burning when his home burned 2

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 930 1-30-57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home
20f. CITY, TOWN, OR LOCATION De Kalb MO COUNTY Buchanan 011 STATE

21. I ~~attended~~ viewed the deceased ~~from~~ on Jan 30 1957 and last saw her/him alive on ____
Death occurred at 9:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dear for Rule) Coroner S E Meluney M. D. 3
22b. ADDRESS 214 Kirkpatrick St Joseph Mo Bldg
22c. DATE SIGNED 2-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 31, 57
23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery
23d. LOCATION (City, town, or county) (State) DeKalb, Mo.

24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS St. Joseph, Mo
25. DATE RECD. BY LOCAL REG. Feb 11, 1957
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, Welfare Public Service

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APR 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.