

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033345

STATE FILE NUMBER

FILED SEP 17 1958

Registration District No. 170

Primary Registration District No. 5635

Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Phillipsburg Mo.</u>		c. CITY OR TOWN <u>Phillipsburg</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phillipsburg</u>		d. STREET ADDRESS (If outside, give location) <u>No St. address</u>	
3. NAME OF DECEASED (Type or print) <u>George Washington Askeew</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>6</u> Year <u>1958</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 1, 1882</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		9b. AGE (In years) (If UNDER 1 YEAR, give birth date) (If UNDER 24 HRS., give hours and minutes) <u>76</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Long Lane, Mo. U. S. A.</u>	
12a. FATHER'S NAME <u>Ephriam W. Askeew</u>		12b. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13b. MOTHER'S MAIDEN NAME <u>Della Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy E. Askeew</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>478-20-0854</u>	
17. INFORMANT <u>Mrs Jewell Peters</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shot through Chest with</u> <u>22 Caliber rifle</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>9190</u> DUE TO (c) <u>19</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>22 Caliber rifle he was carrying discharged</u>	
20c. TIME OF INJURY Hour <u>11:30</u> a.m. <u>9-6-58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near his home</u>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Phillipsburg</u> COUNTY <u>Laclede</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>11:30 AM.</u> to <u>11:30 AM.</u> and last saw her/him alive on <u>9/8/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Stanley B. Palmer</u>		22b. ADDRESS <u>Lebanon, Mo.</u>	
22c. DATE SIGNED <u>9/8/58</u>			
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>		23b. DATE <u>9/8/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>near Long Lane, Mo.</u>	
24. FUNERAL DIRECTOR <u>Dorsey M. Howe</u>		25. DATE RECD. BY LOCAL REG. <u>9-8-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Della L. Hays</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Received SEP 15 1958
Laclede County Health Unit
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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 Dorsey M. Howe

Licensed Embalmer No. 4222
P. O. Address Lebanon,

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.