Health, Welfare Public Service

470
300
1-56

5

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-036225

FILED OCT 31 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN: Rural-Arcadia — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: The Home for Aged Baptists — Length of stay in Ib: 9mo.29da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Iron
c. CITY OR TOWN: Rural-Arcadia — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1½mi.E.on Hwy.70 — Reside on Farm: Yes ☐ No ☒

0470

3. NAME OF DECEASED (Type or print): First / Middle / Last: Pearl Marie Asbridge

4. DATE OF DEATH: Month / Day / Year: Oct.8,1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ 2

8. DATE OF BIRTH: Nov.24,1883

9. AGE (In years last birthday): 74

IF UNDER 1 YEAR: Months: 10 Days: 14 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): Cobden, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Addison Morrison

14. MOTHER'S MAIDEN NAME: Mary Jane Stapetto

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 / Address: Dolores Weiss, Ironton,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) Generalized arteriosclerosis. — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Esophageal diverticulum. — weeks
DUE TO (c) 4500

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-9-57, to 10-8-58 and last saw her/him alive on 10-7-58
Death occurred at 3:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin C Mesne MD

22b. ADDRESS: 109 N. Main, Ironton, Missouri

22c. DATE SIGNED: 10-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: OCT 10,1958

23c. NAME OF CEMETERY ~~OR CREMATORY~~: K of P

23d. LOCATION (City, town, or county) (State): Flat Rivr Mo.

24. FUNERAL DIRECTOR / **ADDRESS**: Raymond Caldwell & Son Flat River

25. DATE RECD. BY LOCAL REG.: 10-10-58

26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 25

P. O. Address Flat River

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.