RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029828
STATE FILE NUMBER

FILED VS SEP 9 1959

Registration District No. 17 Primary Registration District No. 5787 Registrar's No. 66

IDED

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charleston — Length of stay in 1b: 21 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route 1, Box 94 A — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Miss.
c. CITY OR TOWN: Charleston — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1, Box 94 A — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Neal — Middle: — Last: Askew

4. DATE OF DEATH: Month — Day — Year: Aug. 22, 1959

5. SEX: Male
6. COLOR OR RACE: Col.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 6, 1887
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Jackson, S. C.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Louis Askew
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Henretta Askew

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.: 493-26-8888
17. INFORMANT: Mrs. Henretta Askew, R. 1, Charleston, 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): Cardiac ~~decompensation~~ Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
DUE TO (b): Arteriosclerosis — ?
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

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 Aug 22 1959, to Aug 22 1959 and last saw ~~him~~ her alive on Aug 22 1959
Death occurred at 11:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) M.D.
22b. ADDRESS: Charleston Mo
22c. DATE SIGNED: 8/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 28, 1959
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR: L. R. Sparks — ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 8-28-59
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Oliver N. Holme

Licensed Embalmer No. 4190

P. O. Address Charlesto

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