

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS NOV 2 1959
 294 Primary Registration District No. 6008 Registrar's No. 227 59-037235
 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Prairie</i>		Length of stay in 1b <i>30 years</i>	c. CITY OR TOWN <i>Clark</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>RFD # Clark MO</i>		(Inside Limits) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>RFD # 1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>CARL WHITE ASBURY</i>			4. DATE OF DEATH Month Day Year <i>October-14-1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July-8-1890</i>	9. AGE (last birthday) <i>69</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during MOST of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and state or country) <i>Rucker MO.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	

13a. FATHER'S NAME <i>William Henry Asbury</i>		13b. MOTHER'S MAIDEN NAME <i>Martha White</i>		14. NAME OF HUSBAND OR WIFE <i>Zula Mary Asbury</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>492-42-6717</i>		17. INFORMANT <i>Mrs. Carl W. Asbury Clark MO</i> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Angina Pectoris</i>		
DUE TO (c)		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Jan 1-59 to Oct 14-59</i>	COUNTY <i>Clark MO</i>	STATE
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21. I attended the deceased from <i>Jan 1-59</i> to <i>Oct 14-59</i> and last saw him alive on <i>Oct 14-59</i> Death occurred at <i>745 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>J. Howard D.G.</i> (Degree, title)	22b. ADDRESS <i>420N. Maple, Moberly, Mo.</i>	22c. DATE SIGNED <i>10-15-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct-18-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>	23d. LOCATION (City, town, or county), (State) <i>Moberly Missouri</i>
24. FUNERAL DIRECTOR <i>Caterfuneral Home Moberly MO</i>	25. DATE REC'D. BY LOCAL REG. <i>Oct 18-59</i>	26. REGISTRAR'S SIGNATURE <i>W. A. ...</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6501 12/11/11 Ed

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo

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.