

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039477

FILED VS NOV 30 1959 93

Primary Registration District No. _____

Registrar's No. _____

59-87

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY DADE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EVERTON Length of stay in 1b 7 YRS. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE # 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DADE c. CITY OR TOWN EVERTON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) ROUTE # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED First Middle Last EVA MILDRED ASHER				4. DATE OF DEATH Month Day Year NOV. 20 1959							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/12/21		9. AGE (last birthday) 38		IF UNDER 1 YEAR Months Days 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				11. BIRTHPLACE (City and state or country) S. OF SPRINGFIELD, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME OTEY L. BUSSARD				13b. MOTHER'S MAIDEN NAME LILLIAN ATON				14. NAME OF HUSBAND OR WIFE ROYICE ASHER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT ROYICE ASHER, RT # 1 EVERTON, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) miscellaneous at 6 mo. dead fetus PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" 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.)							
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				COUNTY		STATE	
21. I attended the deceased from May '59 to Nov 18-59 and last saw her alive on Nov 18-59 Death occurred at 4:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Dr. O. Cowan M.D. (Degree or title)						22b. ADDRESS Springfield Mo				22c. DATE SIGNED 11-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/24/59		23c. NAME OF CEMETERY OR CREMATORY PATTERSON				23d. LOCATION (City, town, or county) (State) S. OF SPRINGFIELD, MO.			
24. FUNERAL DIRECTOR H.H. LOHMEYER, SPRINGFIELD, MO.						25. DATE RECD. BY LOCAL REG. 11/25/1959		26. REGISTRAR'S SIGNATURE J.C. Canada			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2 1980

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 Walter E. Hamel

Licensed Embalmer No. 3808

P. O. Address Springfield

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.