

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH FILED VS JUL 12 1960

-60-025507

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 62

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Currant</u>		Length of stay in 1b <u>1 yr</u>		c. CITY OR TOWN <u>Salem</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>So Cedar Grove</u>			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS <u>Cedar Grove rt</u>		(If outside, give location) Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First <u>William Nelson</u> Middle <u>Asbridge</u> Last <u></u>				4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>10-19-70</u>	9. AGE (last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>George W Asbridge</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia McCoun</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Summers</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> <u>X</u>			16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT <u>Lee Asbridge</u> Address <u>Salem Mo</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>Cardiac & pulmonary arrest</u> <u>Cachexia & debilitation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>acute to chronic passive congestion</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Semility.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
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 <u></u> a.m. <u></u> p.m. <u></u>		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 <u>Jan 1960</u> to <u>July 5, 1960</u> and last saw him alive on <u>July 1, 1960</u> Death occurred at <u>10:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>B G Myers D.O.</u> (Degree or title)			22b. ADDRESS <u>Ficking, Mo.</u>			22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>July 7-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Forest Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Dent Co Missouri</u>	
24. FUNERAL DIRECTOR <u>Spencer Funeral Home Inc</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>7-11-60</u>		26. REGISTRAR'S SIGNATURE <u>Innocent Green</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 25 1960

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

[Handwritten Signature]

Licensed Embalmer No. *9374*

P. O. Address *Palmer*

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