

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-60-025766																																																	
FILED VS JUL 18 1980																																																											
Registration District No. 27										Primary Registration District No. 4031										Registrar's No. 80										STATE FILE NUMBER																													
1. PLACE OF DEATH										2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)																																																	
a. COUNTY Bates										a. STATE Missouri										b. COUNTY Bates																																							
b. CITY (If outside corporate limits, give TOWNSHIP only)										Length of stay in 1b										c. CITY OR TOWN Adrian										Inside Limits																													
OR TOWN Adrian										55 Years																				Yes ☒ No ☐																													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION										Inside Limits										d. STREET ADDRESS (If outside, give location)										Reside on Farm																													
										Yes ☒ No ☐																				Yes ☐ No ☐																													
3. NAME OF DECEASED (Type or print)										First Middle Last										4. DATE OF DEATH										Month Day Year																													
Ellis Vance Askew																				June 19 1960																																							
5. SEX										6. COLOR OR RACE										7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐										8. AGE (last birthday)										IF UNDER 1 YEAR										IF UNDER 24 HR									
Male										White																				12-18-1904										55										Months Days Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)										10b. KIND OF BUSINESS OR INDUSTRY										11. BIRTHPLACE (City and state or country)										12. CITIZEN OF WHAT COUNTRY																													
Truck Driver																				Bates County, Mo.										U.S.A.																													
13a. FATHER'S NAME										13b. MOTHER'S MAIDEN NAME										14. NAME OF HUSBAND OR WIFE																																							
Hubert Askew										Jessie May Scoggins										Helen Askew																																							
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										Address																													
No										496-03-5103										Helen Askew, Adrian, Mo.																																							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:																				INTERVAL BETWEEN ONSET AND DEATH																																							
IMMEDIATE CAUSE (a)										Coronary Thrombosis										30 min																																							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)										Duodenal Ulcer										2 mo																													
										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.																																							
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 July 24 1943 to June 19 1960 and last saw him alive on June 16 1960																																																											
Death occurred at 6:15 PM										m on the date stated above, and to the best of my knowledge, from the causes stated.																																																	
22a. SIGNATURE										(Degree or title)										22b. ADDRESS										22c. DATE SIGNED																													
D.S. Coleson DO																				Adrian Mo										6-20-1960																													
23a. BURIAL, CREMATION, REMOVAL (Specify)										23b. DATE										23c. NAME OF CEMETERY OR CREMATORY										23d. LOCATION (City, town, or county) (State)																													
Burial										6-21-60										Crescent Hill Cem.										Adrian, Mo.																													
24. FUNERAL DIRECTOR										ADDRESS										25. DATE RECD. BY LOCAL REG.										26. REGISTRAR'S SIGNATURE																													
Six Funeral Service, Adrian, Mo.																				June 20-1960										Kenneth Kersay																													

(Licensed Embalmers Statement on Reverse Side)

VS JUL 18 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian, Mich

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.