

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-027843**

FILED VS AUG 1 0 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 147

STATE FILE NUMBER

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Phelps</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>  |   | Length of stay in lb <b>Life</b>  |   | c. CITY OR TOWN <b>Rolla</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phelps County Mem. Hospital</b>  |   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location) <b>1703 Walnut St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>TERRY</b> Middle <b>LEE</b> Last <b>ASHER</b>   |   |   | 4. DATE OF DEATH <b>July 31, 1960</b><br>Month <b>July</b> Day <b>31</b> Year <b>1960</b>   |  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>7/31/60</b>   | 9. AGE (last birthday) <b>-</b>  | IF UNDER 1 YEAR<br>Months <b>13</b> Days <b>5</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>   |   | 11. BIRTHPLACE (City and state or country) <b>Rolla, Missouri</b>  |   |
| 13a. FATHER'S NAME <b>Carl Asher</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Wanda Wood</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>-</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>   |   | 17. INFORMANT <b>Mrs. Wanda Asher</b> Address <b>Rolla, Mo.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Fetal immaturity &amp; cardiac failure (Pregnancy 6 mo. gestation)</b>   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><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.)  |   |  |   |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |   |   |   |  |   |
| 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 <u>7/31/60</u> to <u>July 31, 1960</u> and last saw her/him alive on <u>July 31, 1960</u><br>Death occurred at <u>3:35 P.M. 7/31/60</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |   |
| 22a. SIGNATURE (Degree or title) <b>Burhan E. Russell, M.D.</b>   |   |   | 22b. ADDRESS <b>11th + Bowling, Rolla, Mo.</b>  |  | 22c. DATE SIGNED <b>8/2/60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |   | 23b. DATE <b>Aug. 2, 1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>  |
| 24. FUNERAL DIRECTOR ADDRESS <b>Null &amp; Son, Funeral Home</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>Aug. 2, 1960</b>  |   | 26. REGISTRAR'S SIGNATURE <b>Nadene L. Stall</b>   |   |
| By <b>Paul E. Null</b>  |   | Rolla   |   |  |   |

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul E. Ne

Licensed Embalmer No. 449

P. O. Address Rolla,

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.