

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038716

FILED VS NOV 2 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 501

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 2 days		c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 3, Joplin		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Harry Middle Asher Last Asher				4. DATE OF DEATH Month October Day 8, Year 1960									
5. SEX Male		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 6-1-1884		9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Guide Rock, Nrbr.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME George W. Asher				13b. MOTHER'S MAIDEN NAME Mary H. St Johns				14. NAME OF HUSBAND OR WIFE Goldie Asher					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Goldie Asher, Rt. 3, Joplin, 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) Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Complex, severe DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH 4 yrs. 10 yrs			
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"/> N. <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 8:00 P 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 1954 to Sept 8, 1960 and last saw him ^{here} alive on Oct 8, 1960 Death occurred at 8:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Severlight (Degree or title) M.D.				22b. ADDRESS Webb City, Mo.				22c. DATE SIGNED 10-10-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-11-60		23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery		23d. LOCATION (City, town, or county) (State) Carl Junction, Mo.							
24. FUNERAL DIRECTOR Roney Funeral Service ADDRESS Carl Junction, Mo.				25. DATE RECD. BY LOCAL REG. 10-26-1960		26. REGISTRAR'S SIGNATURE Roney							

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

Student _____
Signature of Student Embalmer

Signed

Jack C. Simpson
Licensed Embalmer No. 4647
P. O. Address Webb City,

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.