URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

EILED VS OCT 2 0 1960

-60-039260

STATE FILE NUMBER

ENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rolla — Length of stay in 1b: 7 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 102 S. Hwy 63 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Phelps
c. CITY OR TOWN: Rolla — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 102 S. Hwy 63 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CEDIL Middle: LEROY Last: ASBERY

4. DATE OF DEATH: Month: Oct. Day: 12, Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/13/1903
9. AGE (last birthday): 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Milling
11. BIRTHPLACE (City and state or country): Crocker, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Asbery
13b. MOTHER'S MAIDEN NAME: Lory Long
14. NAME OF HUSBAND OR WIFE: Myrtle Asbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 496 05 3467
17. INFORMANT: Myrtle Asbery Address: Rolla, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probable cerebral hemorrhage. Man had been completely paralyzed for months, from a stroke, and died in his home without medical attention.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ Yes ☐ No ☐ Unknown

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~~ _____, to _____ and ~~last saw~~ her/him ~~alive on~~ _____

Death occurred at 5.00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Nadine L Stoll, Local Registrar
22b. ADDRESS: 1009 Lynwood Drive, Rolla, Mo.
22c. DATE SIGNED: 10-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/14/1960
23c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery
23d. LOCATION (City, town, or county) (State): Rolla, Mo.

24. FUNERAL DIRECTOR ADDRESS: Carl J. Glenn West 10th. st., Rolla, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 12, 1960
26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 10 1961

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 _____ me _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Carl J. Glenn

Signature of Student Embalmer

Licensed Embalmer No. 470

P. O. Address Rolla, M

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