SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020783
STATE FILE NUMBER

AMENDED

Registration District No. 88 Primary Registration District No. 5326 Registrar's No. 16

FILED JUN 27 1961 5326

1. PLACE OF DEATH
a. COUNTY CRAWFORD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MERAMEC TWP. Length of stay in 1b 7 YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7 MI.-W-STEELVILLE, MO. Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CRAWFORD
c. CITY OR TOWN MERAMEC TWP. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 MI.-W-STEELVILLE, MO. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First HELEN Middle L. Last ASHER
4. DATE OF DEATH Month JUNE Day 22 Year 1961
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-24-1882
9. AGE (last birthday) 79
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) SEDALIA, MO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME FREDERICK SHADWELL
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE JOHN ASHER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT JOHN ASHER Address STEELVILLE, 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) Intracerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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. ☐ 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 6-6-61, to 6-23-61 and last saw her alive on 6-12-61
Death occurred at 5 30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] M.D. (Degree or title)
22b. ADDRESS [illegible] Mo.
22c. DATE SIGNED 6-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-26-1961
23c. NAME OF CEMETERY OR CREMATORY WISHON CEMETERY
23d. LOCATION (City, town, or county) (State) PHELPS COUNTY, MO.
24. FUNERAL DIRECTOR Thomas L. Halbert ADDRESS STEELVILLE, MO.
25. DATE RECD. BY LOCAL REG. 6/25/61
26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichiro

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

DOCUMENT — 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas S. Halbert

Signature of Student Embalmer

Licensed Embalmer No. 4332

P. O. Address Steubville, Mo

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.