

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028865

STATE FILE NUMBER

AMENDED

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 76

FILED AUG 29 1961

1. PLACE OF DEATH

a. COUNTY Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Stanberry

Length of stay in 1b
2 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Munro Nursing Hme.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry

c. CITY
OR
TOWN King City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
111 W. Elm

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
Maude

Middle
(NMN)

Last
Asbury

4. DATE
OF
DEATH

Month Day Year
August 19, 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/4/78

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days 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

Self Employed

11. BIRTHPLACE (City and state or country)

DeKalb County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Louis Gottschall

13b. MOTHER'S MAIDEN NAME

Nancy Moore

14. NAME OF HUSBAND OR WIFE

Harrison T. Asbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

H. T. Asbury King City, 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)

Cause of return

INTERVAL BETWEEN ONSET AND DEATH

6 mo

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)

Arteriosclerosis

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 2/4/61 to 8/19/61 and last saw her alive on 8/18/61
Death occurred at 2:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D. B. Blacklock

(Degree or title)

M.D.

22b. ADDRESS

King City, Mo.

22c. DATE SIGNED

8/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 21 1961

23c. NAME OF CEMETERY OR CREMATORY

King City Cem.

23d. LOCATION (City, town, or county)

King City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Harold E. Keadel, King City, Mo.

25. DATE RECD. BY LOCAL REG.

8-22-61

26. REGISTRAR'S SIGNATURE

Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

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 Harold E. Keadel

Licensed Embalmer No. 4609

P. O. Address King City, 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.