

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047526

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 540 Primary Registration District No. 3075 Registrar's No. 3

FILED JAN 11 1962

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DEXTER		Length of stay in 1b Yrs.	c. CITY OR TOWN DEXTER, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Family home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 330 Throrer St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GRACE Middle -- Last ASBELL			4. DATE OF DEATH Month Dec. Day 23, Year 1961
5. SEX Female	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 8-14-92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (last birthday) 69
11. BIRTHPLACE (City and state or country) Wayne City, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas W. Davis		13b. MOTHER'S MAIDEN NAME Elvira Combs	14. NAME OF HUSBAND OR WIFE W. W. Asbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO.	17. INFORMANT Wm. W. Asbell, 330 Throrer St. Dexter, 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) Exsanguination DUE TO (b) Metastatic Carcinoma DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 days Unknown
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"/> No <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 _____ 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 Dec. 14, 1961 to Dec. 23, 1961 and last saw her <input checked="" type="checkbox"/> alive on December 22, 1961 Death occurred at 6:20 am m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Benjamin O. Lear</i> D.O.		22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 12/30/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 26-61	23c. NAME OF CEMETERY OR CREMATORY Bluff cemetery	23d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri
24. FUNERAL DIRECTOR CHILES UNDCO, Bloomfield, Mo.		25. DATE RECD. BY LOCAL REG. 1-4-62	26. REGISTRAR'S SIGNATURE <i>Elvira D. Asbell</i>

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

& by Lulu Cooper # 3499, ~~XXXXXX~~ Student Embalmer No. _____

~~with the approval of the State Board of Health~~

Student _____
Signature of Student Embalmer

Signed Juan C Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.