

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000151

AMENDED

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 6

STATE FILE NUMBER

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ButlerLength of stay in 1b
3 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bates Co. Mem. Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY Bates

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN Adrian

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

George

Hubert

Askew

4. DATE OF DEATH

Month

Day

Year

January 9 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-27-74

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Chilhowee, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Elias Albert Askew

13b. MOTHER'S MAIDEN NAME

Fannie Hiser

14. NAME OF HUSBAND OR WIFE

Jessie May Askew

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

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

498-24-0131

17. INFORMANT

Address

Frances Hess, Adrian, 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)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

4 days

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 ☐ Unknown19. 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
INJURYHour
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 1-6-62, to 1-9-62 and last saw him alive on 1-9-62
Death occurred at 6:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

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

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Six Funeral Service, Adrian, Mo.

1-11-62

Norma Jean Wilson

(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 _____

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.