

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010360

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No.

Registrar's No. 28

FILED MAR 22 1962

1. PLACE OF DEATH

a. COUNTY

Dent

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

Salem, Missouri

Length of stay in 1b

5 yr.

c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION

at Home,
Warfel St. Salem, Mo.

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Dent

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Salem, Missouri

d. STREET ADDRESS

(If outside, give location)
Warfel Street, Salem, Mo. ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Cyrus

Asher

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/14/1893 68

9. AGE (last birthday)

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)

Lineman

10b. KIND OF BUSINESS OR INDUSTRY

Lineman for Telephone Co.

11. BIRTHPLACE (City and state or country)

Dent County

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James Asher

13b. MOTHER'S MAIDEN NAME

Martha Brilton

14. NAME OF HUSBAND OR WIFE

Clara Pearl Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

X

16. SOCIAL SECURITY NO.

X

17. INFORMANT

Pearl Asher

Address

Warfel St. Salem, 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)

BRONCHOPNEUMONIA

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

DUE TO (b)

Malnutrition & Dehydration

DUE TO (c)

PARKINSON'S DISEASE

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 June 1959 to 3/13/62 and last saw him alive on 3/10/62
Death occurred at 8:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. J. Boas, MD

22b. ADDRESS

Salem, Mo.

22c. DATE SIGNED

3/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

March 15, 1962 North Lawn Memorial

23c. NAME OF CEMETERY OR CREMATORY

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

Salem, Missouri

24. FUNERAL DIRECTOR

ADDRESS

SPENCER FUNERAL HOME INC. SALEM, MO. 3/15/62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

M. M. East, M.D., by Ann

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

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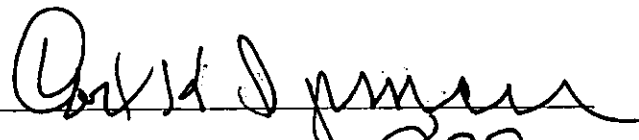
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STATEMENT BY LICENSED EMBALMER

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

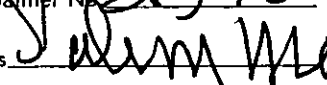
Signed



Licensed Embalmer No.

2370

P. O. Address



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.