

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013748

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **323**
FILED MAR 16 1962

Primary Registration District No. **4474**

Registrar's No. **15**

VS 300
Rev. 4/59

0970
2054

3

4 **0**

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9/10 X

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11

12 **86-2**

13 **2-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs, Mo.		c. CITY OR TOWN Higginsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Forsyth Restorium		d. STREET ADDRESS (If outside, give location) Higginsville	
3. NAME OF DECEASED (Type or print) First Al Middle Edgar Last Asbury		4. DATE OF DEATH Month 2 Day 22 Year 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-23-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Milling	11. BIRTHPLACE (City and state or country) Higginsville, Mo.
13a. FATHER'S NAME Al Edgar Asbury		13b. MOTHER'S MAIDEN NAME Ellen Gaw	14. NAME OF HUSBAND OR WIFE Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Harry McCray		Address Kansas 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) UR Osepsis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Purulent cystitis & Ascending infection DUE TO (c) Prostatic Hypertrophy			INTERVAL BETWEEN ONSET AND DEATH 1 WK 2 YRS
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 checked="" 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 6:50 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 Higginsville COUNTY Missouri STATE Missouri		
21. I attended the deceased from JAN. 15, 1962 to FEB. 22, 1962 and last saw him alive on FEB. 22, 1962 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 Edwin Wilson, D.O.	22b. ADDRESS 1815 Main, Higginsville, Mo	22c. DATE SIGNED 2/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-26-1962	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) Higginsville Missouri
24. FUNERAL DIRECTOR G. Jackson Hader		25. DATE RECD. BY LOCAL REG. Feb. 26, 1962	26. REGISTRAR'S SIGNATURE Marj Masley

VS MAR 16 1962

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 Forest R. Hoefer

Licensed Embalmer No. 480I

P. O. Address Higginsville, 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.