MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043721
STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 126

FILED DEC 12 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0840		
2	0840		
3			
4	1		
5	2		
6			
7	0		
8	0		
9	4201		
10			
11			
12	90-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fair Play, Mo.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN: Fair Play, Mo.
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Verna Middle: Last: Asbell

4. DATE OF DEATH: Month: Dec. Day: 2 Year: 1962

5. SEX: Female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8-9-1895

9. AGE (last birthday): 67

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: 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:

11. BIRTHPLACE (City and state or country): Polk County

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ira Morris

13b. MOTHER'S MAIDEN NAME: Mary Ann Mc Gee ~~Mary Morris~~

14. NAME OF HUSBAND OR WIFE: Elza Asbell, deceased

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

16. SOCIAL SECURITY NO.: ~~Mary Ann~~ none

17. INFORMANT: Anna Marie Kirksey, Pleasant Hope,
Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Arteriosclerosis	Several years
DUE TO (c)		

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 December 1 1962, to December 2, 1962 and last saw (her) (him) alive on December 1, 1962.
Death occurred at 7:00 a.m. a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joe R. Utley, M.D. (Degree or title)

22b. ADDRESS: Humansville, Mo.

22c. DATE SIGNED: Dec. 2, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-5-1962

23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge

23d. LOCATION (City, town, or county) (State): Aldrich, Mo.

24. FUNERAL DIRECTOR: Barker-Butler ADDRESS: Fair Play, Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 8, 1962

26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(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_____ Signed Paul D Butler

Signature of Student Embalmer

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.