

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028085

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3425 Registrar's No. 117

FILED AUG 12 1963

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission): a. STATE <i>Mo.</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i>		c. CITY OR TOWN <i>Dora</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>W.P. Memorial Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>R.F.D.</i>	

3. NAME OF DECEASED (Type or print) <i>Clarence Nathan Askrin</i>			4. DATE OF DEATH Month <i>July</i> Day <i>29th.</i> Year <i>1963</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-4-1877</i>	9. AGE (last birthday) <i>86 yrs.</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>		11. BIRTHPLACE (City and state or country) <i>Luizen County, Iowa</i>	
13a. FATHER'S NAME <i>William Askrin</i>		13b. MOTHER'S MAIDEN NAME <i>Lydia Willtrout</i>		14. NAME OF HUSBAND OR WIFE	
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. <i>no</i>		
17. INFORMANT <i>R.T. Drago, West Plains, Mo.</i>			Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute liver failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
DUE TO (b) <i>Metastatic carcinoma liver</i>		<i>3 mos</i>
DUE TO (c) <i>Primary carcinoma of esophagus</i>		<i>6 mos</i>
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 <i>5:10</i> a.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 <i>March 1963</i> to <i>7/29/63</i> and last saw him alive on <i>7/28/63</i> Death occurred at <i>5:10 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M.L. Fowler MD</i>		22b. ADDRESS <i>West Plains Mo</i>	22c. DATE SIGNED <i>8/2/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>7-30-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Grandview Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Muscatine, Iowa</i>
24. FUNERAL DIRECTOR <i>Robertson Funeral Home, West Plains, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>8-4-63</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *R. H. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.