

STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1952

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 37

0420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Calhoun</i>		c. LENGTH OF STAY (in this place) <i>87-</i>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Calhoun</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Her Own Home</i>			

3. NAME OF DECEASED (Type or Print) (First) <i>Lillie</i> (Middle) <i>May</i> (Last) <i>Askings</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>11 1 1952</i>	
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <i>widowed</i>	8. DATE OF BIRTH <i>March 23, 1865</i>	9. AGE (in years last birthday) <i>87</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Windsor Township Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>John Duncan</i>	13b. MOTHER'S MAIDEN NAME <i>Jessie Crews</i>	14. NAME OF HUSBAND OR WIFE <i>George Askings</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <i>1-</i>	17. INFORMANT'S SIGNATURE OR NAME <i>May Houston</i>	ADDRESS <i>Clinton, Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>about 1 year</i> <i>about 2 years</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		
	PRECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary endarteritis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertensive Cardio-vascular disease</i>			

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <i>Mo</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Oct 25, 1952* to *Nov 1, 1952*, that I last saw the deceased alive on *Oct 3, 1952*, and that death occurred at *3:30 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>S.B. Hughes M.D.</i>	23b. ADDRESS <i>Clinton, Mo</i>	23c. DATE SIGNED <i>11/5/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Nov 5</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calhoun Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Calhoun Mo</i>
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DATE REC'D BY LOCAL REG. <i>Nov-15-52</i>	REGISTRAR'S SIGNATURE <i>Florence Adair</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J.P. Hauser</i>	ADDRESS <i>Calhoun Mo</i>
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JAN 6 1955

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
Student Embalmer

Signed J. A. Housey
Licensed Embalmer No. 3205

P. O. Address Calhoun 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 this body is not embalmed, fact should be so stated above.