

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30837

State File No.

FILED SEP 1 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>360</u>	PRIMARY REG. DIST. NO. <u>6225</u>	Registrar's No. <u>155</u>
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Johnson</u>		
b. CITY OR TOWN <u>Washington Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u> <u>0390</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. #3 NEVADA</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>G</u> c. (Last) <u>Astkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15 - 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 31 - 1897</u>	9. AGE (In years) (last birthday) <u>75</u> Months <u>8</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Jones Alfred Astkins</u>		
14. MOTHER'S MAIDEN NAME <u>Julia Ann Strothers</u>		15. NAME OF HUSBAND OR WIFE <u>Minnie A. Astkins</u>		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		17. SOCIAL SECURITY NO. <u>MISS.</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Records</u> ADDRESS <u>MISS.</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>miss.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u>		<u>4 years</u>
		DUE TO (c) <u>senility psychosis</u>		<u>4 yrs</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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?
22. I hereby certify that I attended the deceased from <u>June 3</u> , 19 <u>53</u> , to <u>Aug 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 15</u> , 19 <u>53</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J. O. Shurt</u>		23b. ADDRESS <u>Missouri</u>		23c. DATE SIGNED <u>Aug 15 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>
				24d. LOCATION (City, town, or county) (State) <u>Henry County Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-24-53</u>		REGISTRAR'S SIGNATURE <u>Arma G. Ferris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Suchinger Funeral Home</u> ADDRESS <u>Republic Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Ruby F. Milster

Licensed Embalmer No. _____

4805

P. O. Address _____

Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.