

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 20031162

DO NOT WRITE ON THIS STUB

AMENDED

GFILLED 28 64

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u> Length of stay in 1b <u>9 days</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BENTON</u> c. CITY OR TOWN <u>Lincoln RT#1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WETZEL Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>5 1/2 mile N.W. of Lincoln</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>HENRY</u> Last <u>ASHER</u> | | | 4. DATE OF DEATH Month <u>Aug.</u> Day <u>23</u> Year <u>1964</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>SEPT. 10, 1893</u> | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FURNACE WORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HEATING</u> | | 11. BIRTHPLACE (City and state or country) <u>LEES Summit MO U.S.A.</u> | |
| 13a. FATHER'S NAME <u>GEORGE ASHER</u> | | 13b. MOTHER'S MAIDEN NAME <u>EMMA BECKER</u> | | 14. NAME OF HUSBAND OR WIFE <u>LENA ASHER</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>326-24-7653</u> | | 17. INFORMANT <u>LENA ASHER</u> Address <u>Lincoln MO RT#1</u> | |

| | | |
|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>1° ca of prostate</u> DUE TO (c) <u> </u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>3 yrs</u> |
|--|--|---|

| | | | |
|---|--|--|--|
| 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 checked="" 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> | | 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 <u>Aug 18</u> to <u>death</u> and last saw her/him alive on <u>8-23-64</u> Death occurred at <u> </u> <u>5:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

| | | | | | |
|--|-----------------------------|---|--|---|--|
| 22a. SIGNATURE (Degree or title) <u>C.R. Wetzel, MD</u> | | 22b. ADDRESS <u>Clinton MO</u> | | 22c. DATE SIGNED <u>8-25-64</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/25/64</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. Washington Cem</u> | | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u> | |
| 24. FUNERAL DIRECTOR <u>Fred Davis + Son</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug 24 1964</u> | | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> | |

(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59
10425
20880
3
4 0
5 1
6
7 0
8 1
9/77x
10
11
12 2-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 1 1964

Permit Obtained

8-24-64

(MB)

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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.