

FILED MAR 17 1969

124 69-011233

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 77

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Julia				ASBERRY	2. ♀	3. March 6, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. white		3a. 74	3b. 74	4. Dec 22, 1894	5. Henry		7a. Henry
CITY, TOWN, OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Windsor				7d. Windsor Nursing Home			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. divorced		11. none	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. unknown		13a. housework		13b. home			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Mo		14b. Benton	14c. Lincoln		14d. no	14e. RFD 1	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Robert				Asberry	16. Laura				Bowling
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs Bessie Brown					17b. De Kalb, Missouri 64440				

CAUSE

PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		18. Circulatory Collapse		instant	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Cardiac arrest		instant	
		(c) Arteriosclerotic heart disease		10 years	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. **ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)**

19b. **DATE OF INJURY (MONTH, DAY, YEAR)**

19c. **HOUR**

19d. **HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)**

20a. **INJURY AT WORK (SPECIFY YES OR NO)**

20b. **PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)**

20c. **LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)**

21a. **CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM** **Nov. 20 1967** **TO** **Mar. 6 1969**

21b. **AND LAST SAW HIM/HER ALIVE ON** **3 6 1969**

21c. **I DID/DID NOT VIEW THE BODY AFTER DEATH.** **did**

21d. **DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.** **12:20 P.M. 3-8-69**

CERTIFIER

22a. **CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.**

22b. **CERTIFIER—NAME (TYPE OR PRINT)** **Wm. J. Smith, M. D.**

22c. **SIGNATURE** *Wm. J. Smith, M.D.*

22d. **DATE SIGNED (MONTH, DAY, YEAR)** **3-8-69**

22e. **MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)** **Wm. J. Smith, M. D., 103 W. Coal, Windsor, Missouri 65360**

BURIAL

23a. **BURIAL, CREMATION, REMOVAL (SPECIFY)** **Burial**

23b. **CEMETERY OR CREMATORY—NAME** **Lincoln Cemetery**

23c. **LOCATION** **Lincoln, Missouri**

24a. **DATE (MONTH, DAY, YEAR)** **March 8, 1969**

24b. **FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)** **Fred Davis & Son, Lincoln, Missouri 65338**

24c. **FUNERAL DIRECTOR—SIGNATURE** *Fred Davis*

24d. **REGISTRAR—SIGNATURE** *Mildred Bigum*

24e. **DATE RECEIVED BY LOCAL REGISTRAR** **3-11-69**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 1
10a. 74
10b. 86
11. 0
12. 3
13. 4123
14. 9
15. 0
16. 0080
17. 0
18. 0
19. CREDITS
20. 1-0

Name of Deceased _____
 Date of Death _____
 Place of Death _____
 Name of Embalmer _____
 License No. _____
 Date of Embalming _____
 Signature of Embalmer _____
 Title of Embalmer _____

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 Fred Davis

Licensed Embalmer No. 5443

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.