

FILED APR 29 1950

# STANDARD CERTIFICATE OF DEATH

State File No. 173291733

|  |  |  |   |  |   |   |  |
|--|--|--|---|--|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Kansas</u><br>b. COUNTY <u>Johns on</u> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (In this place) <u>8 days</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shawnee, Kansas</u>  |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>   |  |  |   | d. STREET ADDRESS (If rural, give location) <u>5719 Rosehill Road</u>  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Ethel</u><br>b. (Middle) <u>I.</u><br>c. (Last) <u>Asher</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u> |  |   |   |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |   | 8. DATE OF BIRTH <u>March 11, 1898</u>  |  |
|  |  |  |   | 9. AGE (In years last birthday) <u>52</u>  |   | IF UNDER 1 YEAR: Months <u>1</u> Days <u>12</u>                                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>  |   | 11. BIRTHPLACE (State or foreign country) <u>Welborn, Kansas</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |  |
| 13a. FATHER'S NAME <u>John L. Parks</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown Higbee</u>             |  | 14. NAME OF HUSBAND OR WIFE <u>Roy R. Asher</u> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Roy R. Asher, 5719 Rosehill Rd.</u><br>ADDRESS _____  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>                             |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalitis, influenzal</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u><br><br>ANTECEDENT CAUSES<br><u>Coronary arteriosclerosis with Myocardial fibrosis</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> |   |  |   |   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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>April 10, 1950</u> , to <u>April 12, 1950</u> , that I last saw the deceased alive on <u>April 12, 1950</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above. |  |  |   |  |   |   |  |
| 23a. SIGNATURE <u>E. G. Neighbo</u> (Degree or title) _____  |  |  |   | 23b. ADDRESS <u>3119 Strong Ave, Kansas City, Ks.</u>  |   | 23c. DATE SIGNED <u>4-14-50</u>   |  |
| 24a. BURIAL CREMATION REMOVAL (Specify) _____  |  | 24b. DATE <u>April 15, 1950</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>             |  |
| DATE REC'D BY LOCAL REG. <u>4-15-50</u>  |  | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Simmons Funeral Home, K.C.K.</u><br>ADDRESS _____  |   |   |  |

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *A. H. Simmons*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3903*

P. O. Address..... *K.C.K.*

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.