

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23845
 State File No. 23845
 Registrar's No. 103

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cartersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cartersville</u>	
c. LENGTH OF STAY (in this place) <u>26yrs</u>		d. STREET ADDRESS (If rural, give location) <u>404 W. Hall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 W. Hall</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>		b. (Middle) <u>FRANCES</u>		c. (Last) <u>ASBELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 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>October 29, 1877</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Tom Ballard</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Vanderpool</u>		14. NAME OF HUSBAND OR WIFE <u>T.R. Asbell</u>	
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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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>T.R. Asbell</u>		ADDRESS <u>Cartersville, Missouri</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Nervous Signs</u>					
		DUE TO (c) <u>Cardiovascular Renal Disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>445X</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 19, 1950 to July 24, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Strament</u>		(Degree or title)		23b. ADDRESS <u>Webb City, Mo</u>		23c. DATE SIGNED <u>7/24/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade County, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>July 25 1950</u>		REGISTRAR'S SIGNATURE <u>D. L. Dutcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>		ADDRESS <u>Webb City, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0490

RECEIVED 8-2-50
Jasper County Health Office

County File Number 50-7-570

Date Filed 8-2-50

AUG 16 1950

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

Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address *Webb City, 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.