

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44785

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5992 Registrar's No. 3

0840

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mooney Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mooney Twp 0840</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FIELDEN ALONZA ASHER</u>		b. (Middle) _____ c. (Last) _____	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>3-23-1882</u>
9. AGE (In years last birthday) <u>68</u>	10. MONTHS <u>8</u>	11. DAYS <u>23</u>	12. HOURS <u>0</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Asher</u>		13b. MOTHER'S MAIDEN NAME <u>Campbell Watts</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lonny Asher</u> ADDRESS <u>Italy Way Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Cond</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Hepatic Insufficiency</u> DUE TO (c) <u>Portal Cirrhosis of Unknown Cause</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? _____	
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>Dec. 11, 1950</u> , to <u>Dec. 16, 1950</u> , that I last saw the deceased alive on <u>Dec. 11, 1950</u> , and that death occurred at <u>Unknown</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kerry K. Agnew D.O.</u>		23b. ADDRESS <u>Pleasant Hope, Mo</u>	
23c. DATE SIGNED <u>Dec. 27, 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>12-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Prairie</u>	
24d. LOCATION (City, town, or county) _____ (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>Jan 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon per Lowell Gordon</u> ADDRESS _____	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 12 1957

Dist. File 157-108

Date Filed 1-13-57

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 Leonard B. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2508

P. O. Address Buffalo, N.Y.

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.