

FILED FEB 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1604

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

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>South Pine Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Manuel</u> c. (Last) <u>Asbury</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 21, 1899</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>		IF UNDER 1 MIN. Hours <u>X</u> Min. <u>X</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Centerview, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James W. Asbury</u>			13b. MOTHER'S MAIDEN NAME <u>Zoe Baldwin</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Asbury</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>+90-30-3212</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Asbury</u>		ADDRESS <u>Holden, 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>Carcinoma Left Lung</u>					INTERVAL BETWEEN ONSET AND DEATH <u>163X</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION <u>Apr. 16, 1951</u>		19b. MAJOR FINDINGS OF OPERATION. <u>Exploratory of chest showed inoperable carcinoma of left lung</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT, SUICIDE, HOMICIDE <u>3 mo. ago</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20c. (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</u> , 19 <u>50</u> , to <u>1-26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>51</u> , and that death occurred at <u>8^a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. F. McKinnis M.D.</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>1-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Sarah Ann Auttfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada & Ropp</u>		ADDRESS <u>Holden, Mo.</u>	

APR 28 1951

FEB 9 1951

RECEIVED
FEB 6 1951

STATE HEALTH DEPT.

AUG 1 1958

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 *M. J. Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Holden, 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.