

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

358

FILED FEB 14 1952

State File No. _____
REGISTRATION DISTRICT _____
Registrar's No. 32

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2027

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Crown Hotel Broadway St.	

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) H.	c. (Last) Asch	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1952
---	----------------	----------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 25, 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days Hours Min.
-------------	------------------------	--	--------------------------------	------------------------------------	--------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Ins.	11. BIRTHPLACE (State or foreign country) Blairstown, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	--	-----------------------------------

13a. FATHER'S NAME Oliver Asch	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Addie Asch
--------------------------------	-------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME C. E. Asch	ADDRESS Haddonville, New York
--	-------------------------------	--	-------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00A.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Yvonne Green</i> 3 (Degree of title)	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 2/6-1952
--	------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Blairstown Cem.	24d. LOCATION (City, town, or county) (State) Blairstown, Iowa 5
--	------------------------	--	--

DATE REC'D BY LOCAL REG. Feb. 7-1952	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i> 428-1	25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell	ADDRESS Poplar Bluff, Mo.
--------------------------------------	---	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0124

0124

RECEIVED
FEB 13 1952
BUTLER CO. HEALTH CENTER
FILE No 252-81

252-81

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.....
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St. Poplar Bl.

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.