

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24144**  
Registrar's No. **731**

**FILED** AUG 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1396  
33

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CAMPBELL &amp; ILLDEREEN Street</b>		d. STREET ADDRESS (If rural, give location) <b>723 N. PROSPECT</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GORDON</b>	b. (Middle) <b>O.</b>	c. (Last) <b>ASHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 2, 1952</b>
-------------------------------------	--------------------------	-----------------------	------------------------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB. 6 1923</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	-------------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WINDOW &amp; SASH MAKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>TOOMBS &amp; CO.</b>	11. BIRTHPLACE (State or foreign country) <b>NEAR, SEYMOUR, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>BOYD ASHER</b>	13b. MOTHER'S MAIDEN NAME <b>CLARA SHUMADE</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
--------------------------------------	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	(If yes, give war or dates of service) <b>W.W. # 2</b>	16. SOCIAL SECURITY NO. <b>500-14-4807</b>	17. INFORMANT'S SIGNATURE OR NAME <b>BOYD ASHER</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
--	--	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured Pericardium</b>			
ANTECEDENT CAUSES	DUE TO (b) <b>Hydrocephelis</b>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>Crushed Chest</b>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <b>Campbell &amp; Illdereen</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield, Greene Mo.</b>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-2-52 7:15 A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>One car auto accident.</b>
---	---	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, and that death occurred at **7:15 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Allen Dickens</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>407 Medical Arts Building</b>	23c. DATE SIGNED <b>8-4-52</b>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8/4/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <b>8-6-52</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson, Registrar</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
--	--	---	---------------------------------

OCT 8 1959

AUG 15 1959

AUG 20 1959

**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 *Lewis T. Goodley*

Licensed Embalmer No. *4875*

P. O. Address *Springfield*

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.