

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24344

State File No.

FILED AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3356</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>		c. LENGTH OF STAY (in this place) <u>8 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3612 Bales K.C. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3612 Bales 3578</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> (Middle) <u>Washington</u> c. (Last) <u>Asher.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 - 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married Widower</u>	8. DATE OF BIRTH <u>July 8 - 1871</u>		9. AGE (In years last birthday) <u>81</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Metropolitan Hosp Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lee Summit, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Charles Asher.</u>			13b. MOTHER'S MAIDEN NAME <u>Emeline Van Dyke</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased -</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Lee Reese, K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>3 1/2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Nov 1951</u> , to <u>July 25, 1952</u> , that I last saw the deceased alive on <u>July 25, 1952</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leo M. Muller M.D.</u> (Degree or title)				23b. ADDRESS <u>3548 Indiana Av.</u>		23c. DATE SIGNED <u>7-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-26-52</u>		REGISTRAR'S SIGNATURE <u>Rosaline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Old + Mitchell Indep Mo</u>			

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

AUG 20 1952

AUG 19 1952

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 JME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indeg. 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.