.300
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FILED SEP 28 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32758

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4457 Registrar's No. 50

**1. PLACE OF DEATH**
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lowry City
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deepwater
d. STREET ADDRESS (If rural, give location): 0420 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Strauther
b. (Middle):
c. (Last): Asbury

**4. DATE OF DEATH** (Month) (Day) (Year): Sept, 9, 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: 10-16-1892
**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Truck Driver
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Leeton Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Samuel Asbury
**13b. MOTHER'S MAIDEN NAME**: Viola Dickey
**14. NAME OF HUSBAND OR WIFE**: Velma Asbury

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 509- 12-1883
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Velma Asbury, Lowry City Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arthritis of Spine — 1 yr
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**: 725 X
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 1944, to Sept. 9, 1953, that I last saw the deceased alive on Sept. 10, 1953, and that death occurred at 5: P.M. from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] D.O.
**23b. ADDRESS**: Lowry City, Mo.
**23c. DATE SIGNED**: 9-12-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9/12/53
**24c. NAME OF CEMETERY OR CREMATORY**: Pleasant Mound
**24d. LOCATION** (City, town, or county) (State): Osceola Missouri

**DATE REC'D BY LOCAL REG.**: 9-12-53
**REGISTRAR'S SIGNATURE**: R Beevers 288-0
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: F B Goodrich Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 4 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola Ne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.