

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40151**

FILED DEC 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11317**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY 80-30		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 11 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Little Rock		d. STREET ADDRESS (If rural, give location) 219 W 7th St.
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hosp.					
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Jefferson c. (Last) Asher			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1893	9. AGE (In years last birthday) 60	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Foreman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ambrose Asher		13b. MOTHER'S MAIDEN NAME Isabell Harrison		14. NAME OF HUSBAND OR WIFE Agnes Asher	
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. 702-16-4578		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes Asher, Little Rock, Ark.	
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) Carcinoma of Prostate			INTERVAL BETWEEN ONSET AND DEATH 4 yrs		
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral accident			3 days		
19a. DATE OF OPERATION 11-23-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate			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) 177X	
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 Nov 19, 1953 , to Nov 30, 1953 , that I last saw the deceased alive on Nov 29, 1953 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE W F Melick MD (Degree or title)			23b. ADDRESS 539 N Grand Ave		23c. DATE SIGNED 11-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-30-53	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Little Rock, Ark.
DATE REC'D BY LOCAL REG NOV 30 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Owens F.H., Little Rock, Ark.	

(Licensed Embalmer's Statement on Reverse Side)

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

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. Allen Rowing
Licensed Embalmer No. *2953*
P. O. Address *5-11-27*

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

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