

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11638

State File No.

| | | | | | | | | |
|---|--|--|--|--|---|---|--|----------------------------------|
| BIRTH NO. | | REG. DIST. NO. <u>132</u> | | PRIMARY REG. DIST. NO. <u>3021</u> | | Registrar's No. <u>46</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> | | | | |
| b. CITY OR TOWN <u>Trenton</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Trenton</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u> | | | | F ^o . STREET ADDRESS (If rural, give location) <u>1411 MAIN ST. 0402</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>Asher.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 30 1955</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u> | | 8. DATE OF BIRTH <u>MAR 4 1866</u> | | |
| 9. AGE (In years last birthday) <u>89</u> | | IF UNDER 1 YEAR Days <u>—</u> | | IF UNDER 24 HRS. Hours <u>26</u> Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired.</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Genesey Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Dr. George Graham</u> | | | 13b. MOTHER'S MAIDEN NAME <u>JANE Dobbins.</u> | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Graham Asher</u> ADDRESS <u>KANSAS CITY, 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, ashenia, 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) <u>Acute Influenzal Bronchopneumonia - 4 days</u> | | | | ANTECEDENT CAUSES | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) <u>Resection of Carcinoma of Sigmoid Colon - with Colostomy</u> <u>12 years</u> | | | | |
| | | | | DUE TO (c) <u>Generalized Vasculer Sclerosis</u> <u>15 years</u> | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | <u>Diabetes Mellitus</u> <u>15 years</u> | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>491X H</u> | | | | | 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 <u>June 10, 1940</u> , to <u>March 30, 1955</u> , that I last saw the deceased alive on <u>March 30, 1955</u> , and that death occurred at <u>5:30 P. M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Graham Asher M.D.</u> | | | | 23b. ADDRESS <u>1220 Professional Bldg. Kansas City 6 - Mo</u> | | 23c. DATE SIGNED <u>3-30-55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>Apr. 1 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4/1/55</u> | | REGISTRAR'S SIGNATURE <u>Jane Jari</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis</u> ADDRESS <u>London Blackmore Trenton, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 23 1955

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. 516 working under my personal supervision..

Student Claude H. Crandall Jr.
Signature of Student Embalmer

Signed Jordan Blackmore

Licensed Embalmer No. 460
P. O. Address Montgomery, Ala.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.