

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 48285-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 928

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CLINTON</u>		
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>LATHROP</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>MISSOURI METH. HOSP</u>			STREET ADDRESS (If rural, give location) <u>0211</u>		
3. NAME OF DECEASED a. (First) <u>ANNA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>ASKREN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-19-1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. <del>MARRIED, NEVER MARRIED</del> <u>WIDOWED, DIVORCED</u> <u>INFANT</u>	8. DATE OF BIRTH <u>9-16-55</u>		9. AGE (In years) (last birthday) <u>2</u> UNDER 1 YEAR Months <u>2</u> IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>CHARLES ASKREN</u>		
13b. MOTHER'S MAIDEN NAME <u>BESSIE JOYES</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Askren Lathrop Mo</u> ADDRESS		

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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atletaxia, Bilateral Cong.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>		<u>24 hrs</u>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7625</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 8-17, 1955, to 8-18, 1955, that I last saw the deceased alive on Aug 18, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE John P. Mahney M.D. (Degree or title) 23b. ADDRESS Paltaburg, Mo. 23c. DATE SIGNED Aug. 27 55

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug. 29, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>De Mrs Crunk Cameron, Mo.</u> ADDRESS

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.....  
Signature of Student Embalmer

Signed *Harold L. Wheeler*.....

Licensed Embalmer No. *45*.....  
P. O. Address *Lathrop*.....

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.