

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

642

State File No.

FILED JAN 11 1956

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY OR TOWN Billings	c. LENGTH OF STAY (in this place) 4 Years	c. CITY OR TOWN Billings	d. 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 Home (Workshop)		e. STREET ADDRESS (If rural, give location) No Street Address	

3. NAME OF DECEASED (Type or Print)	a. (First) LOUIE	b. (Middle) HENRY	c. (Last) ASSENMACHER	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Assenmacher	13b. MOTHER'S MAIDEN NAME Kathryn Gehring	14. NAME OF HUSBAND OR WIFE Anna Ostien
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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. 427-38-1034	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosamond Broekhoven ADDRESS Springfield, Mo. 1411 Cherry
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound (Approx. half of Skull blown away)		Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		976x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) About Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Billings Christian Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-3-56 9:00 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 12 Ga. Shotgun placed to right side of forehead
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22. I hereby certify that I attended the deceased from 9:00a, 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Aileen Harris Coroner	23b. ADDRESS Christian Co., Missouri	23c. DATE SIGNED 1-3-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-5-1956	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Catholic	24d. LOCATION (City, town, or county) (State) Billings, Missouri
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DATE REC'D BY LOCAL REG. 1-5-56	REGISTRAR'S SIGNATURE Aileen Harris	25. FUNERAL DIRECTOR'S SIGNATURE Aileen Harris ADDRESS Clever, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0220

0220

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.....
J. Alan Harris

Licensed Embalmer No. *4390*

P. O. Address.....
Cleves, Y.

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.