

THE DIVISION OF HEALTH AND HIGIENE
STANDARD CERTIFICATE OF DEATH

15768

State File No.

FILED MAY 21 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - CAPE GIRARDEAU Twp. P.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>	
c. LENGTH OF STAY (in this place) <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>ORAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>ST. FRANCIS HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>ASMUS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13 1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 1 1937</u>
9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>	11. BIRTHPLACE (State or foreign country) <u>ORAN MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>ADAM ASMUS</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES M. WIEDEFFELD</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>499-38-1581</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ADAM ASMUS</u>	ADDRESS <u>ORAN MO.</u>
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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) <u>Internal Injuries due to a crushed chest.</u>		
	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.		<u>8234</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway 55</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>100 Scott Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>May 13 '56 12:15 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Auto he was driving on off Highway</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. G. Sigmund, Coroner</u>	23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>May 15 '56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 16 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW GUARDIAN ANGELS</u>	24d. LOCATION (City, town, or county) (State) <u>ORAN MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-17-56</u>	REGISTRAR'S SIGNATURE <u>W. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u>	ADDRESS <u>ORAN, MO.</u>
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MAR 26 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. *2676*

P. O. Address *Orean, Mo.*

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