

## STANDARD CERTIFICATE OF DEATH

6390 State File No. 31207

FILED SEP 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 3032 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Columbus</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 Miles NW of Columbus</b>		e. STREET ADDRESS (If rural, give location) <b>4420 Norwood</b>		2008	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alfred</b>		b. (Middle)		c. (Last) <b>Askins Jr.</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>August 5, 1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Nov. 20, 1932</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 Hrs. <b>23</b> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman: Stokley Van-Camp Inc.</b>		b. FOOD COMPANY OR INDUSTRY <b>Food Company</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Alfred Askins Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Bicknel</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean Conflict</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Alfred Askins Sr.</b>		ADDRESS <b>Kansas City, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Homicide, Causes Unknown</b>		INTERVAL BETWEEN ONSET AND DEATH	
		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Ditch on Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Columbus Twn. Johnson Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>August 5, 1956</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Unknown</b>	
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 _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Kelly Paulina</b>		23b. ADDRESS <b>Johnson County Corner Holden, Missouri</b>		23c. DATE SIGNED <b>11 Sep 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>15 Sep 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney-Phillips</b>		ADDRESS <b>Warrensburg, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Sept. 12, 1956</b>		REGISTRAR'S SIGNATURE <b>Savannah Crutcher</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 21 1956

SEP 27 1956

FEB 21 1958

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 *John P. Rodgers*

Licensed Embalmer No. 4963  
Warrensburg, Missouri  
P. O. Address.....

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.