

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. William P. Williams ON

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009792
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 982

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1228 W. 61st Terr.				Length of stay in 1b 39 yrs.		d. STREET ADDRESS (If outside, give location) 1228 W. 61st Terr.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First B ordner		Middle F.		Last Ascher		Month Day Year Feb. 23, 1958	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-25-1899		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President			10b. KIND OF BUSINESS OR INDUSTRY B. F. Ascher Co. Ethical Medicinals.		11. BIRTHPLACE (City and state or country) Cherry Creek, Nev.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Ascher				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW1 & WW 2		16. SOCIAL SECURITY NO. 487-07-9069		17. INFORMANT Address Mrs. Mildred Ascher-1228 W. 61st Terr.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor-left temporal glioblastoma multiforme (malignant)							INTERVAL BETWEEN ONSET AND DEATH 1930
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from May 2, 1956 to Feb. 23, 1958 and last saw him alive on _____ Death occurred at Feb. 23, 1958 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) William P. Williams M.D.				22b. ADDRESS K. U. Medical Center, K.C., Ks.		22c. DATE SIGNED 2/24/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
burial		2-25-58		Calvary		Kansas City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar-20 W. Linwood				25. DATE RECD. BY LOCAL REG. 2-24-58		26. REGISTRAR'S SIGNATURE Neva Marshall	



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 Dedmon*

Licensed Embalmer No. *50*

P. O. Address..... *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.