Health, Welfare ublic ervice

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FILED APR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010691
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY Marion.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri. Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Levering Hospital Length of stay in 1b 7Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Ralls, 4870
c. CITY OR TOWN R.F.D. Center, Mo. Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Center Township. Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First CHARLES Middle PETER Last ASHER
4. DATE OF DEATH Month Day Year March 29, 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb 16, 1874
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm.
11. BIRTHPLACE (City and state or country) Ralls C, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James H. Asher.
14. MOTHER'S MAIDEN NAME Mary Jane Shulse.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Ruth Holt. Address Center, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Transcervical fracture right femur — 4 days
DUE TO (c) 9021 3
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 ☐ NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell off of a load of hay, on his farm at Center, Mo.
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 3/25/58 0
20d. INJURY OCCURRED WHILE AT WORK X NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) farm
20f. CITY, TOWN, OR LOCATION Center, 087 COUNTY Ralls, STATE Missouri

21. I attended the deceased from 3/25/58, to 3/29/58 and last saw ~~her~~ him alive on 3/29/58
Death occurred at 2:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. L. Murphy, M.D.F.A.C.S. M.D. 0
22b. ADDRESS Hannibal, Missouri.
22c. DATE SIGNED 3-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-1-1958
23c. NAME OF CEMETERY OR CREMATORY Norton Cemetery.
23d. LOCATION (City, town, or county) (State) Ralls County, Mo.

24. FUNERAL DIRECTOR ADDRESS Wilkey Funeral Hom[illegible]erry, Mo.
25. DATE RECD. BY LOCAL REG. 4-7-1958
26. REGISTRAR'S SIGNATURE Dr E M Luck[illegible] W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED APR 8 1958
MARION CO. HEALTH DEPT.
DATE FILED APR 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde C. Wil

Licensed Embalmer No.....

P. O. Address Perry, M

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.