

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001187

STATE FILE NUMBER

FILED JAN 21 1959

Registration District No. 149

Primary Registration District No. 1002

Registration No.

37

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. S. Long

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3026 JACKSON AVE 26 YEARS		d. STREET ADDRESS (If outside, give location) 3026 JACKSON AVE	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN E ASHER		4. DATE OF DEATH Month Day Year JAN. 2-1959	
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 Nov. 22-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ART GLASS WORKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NORTH KANSAS CITY, MO.
13a. FATHER'S NAME SAMUEL ASHER		13b. MOTHER'S MAIDEN NAME ANNA VEW	14. NAME OF HUSBAND OR WIFE EMMA ASHER
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. 492-14-5115	17. INFORMANT Address KANSAS CITY, MO. EMMA ASHER-3026 JACKSON AVENUE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH 7 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension and cerebral arteriosclerosis			Years
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. 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 COUNTY STATE	
21. I attended the deceased from Jan. 2, 1959, to Jan. 2, 1959 and last saw him ^{her} alive on Jan. 2, 1959 Death occurred at 10:00 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. S. Long M.D.</i>		22b. ADDRESS 4800 E. 24th Street	
		22c. DATE SIGNED 1-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Jan. 5-1959	
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS-KANSAS CITY		25. DATE RECD. BY LOCAL REG. 1-5-59	
		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

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 *Vern Lawler*

Licensed Embalmer No. *4915*

P. O. Address *KC, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.