

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024376

FILED VS AUG 10 1959

Registration District No. 20 Primary Registration District No. 5179 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Camden</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Osage Township</i>		Length of stay in 1b <i>1 day</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>The Lake of the Ozarks</i>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>3454 Penn.</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Dorothy Asmus</i>				4. DATE OF DEATH Month Day Year <i>Aug 1 1959</i>			
5. SEX <i>F</i>	6. COLOR OF RACE <i>Wht</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>DEC 7-1916</i>	9. AGE (last birthday) <i>43</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stenography</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Office</i>		11. BIRTHPLACE (City and state or country) <i>Adran mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Paul V. Muedd</i>			13b. MOTHER'S MAIDEN NAME <i>Lucy May Davis</i>			14. NAME OF HUSBAND OR WIFE <i>Andrew Asmus</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>487-01-8793</i>		17. INFORMANT Address <i>Lucy May Davis</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock</i>							INTERVAL BETWEEN ONSET AND DEATH <i>instant</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Plunge into cold water</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>From Motor Boat - Vacationing - with male friend</i>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Jumped from Motor Boat for a swim</i>					
20c. TIME OF INJURY Hour Month, Day, Year <i>6 a.m. Aug 1 1959</i>	20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>In Lake of the Ozarks</i>						
20e. CITY, TOWN, OR LOCATION <i>Osage T.</i>	COUNTY <i>Camden</i>	STATE <i>Mo</i>					
21. I attended the deceased from <i>Aug 2 - 1959</i> , to <i>Aug 3 - 1959</i> and last saw her alive on <i>Aug 3 - 1959</i> . Death occurred at <i>about 6</i> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Abbie Woolery Coroner</i>				22b. ADDRESS <i>Camdenton Mo</i>			22c. DATE SIGNED <i>Aug 3-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Aug 3 - 59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Orient</i>		23d. LOCATION (City, town, or county) (State) <i>Harrisonville Mo</i>			
24. FUNERAL DIRECTOR <i>Ronnenburger</i>		ADDRESS <i>Harrisonville Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Aug 3 - 1959</i>		26. REGISTRAR'S SIGNATURE <i>Zilpha J. Jew</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 14 1959
AUG 14 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence E. Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville

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