

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031960

FILED VS SEP 21 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 960

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield, Mo.</u>		c. CITY OR TOWN <u>Fair Play, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>Sylvia</u> Middle <u>none</u> Last <u>Asbell</u>			4. DATE OF DEATH Month <u>September</u> Day <u>11</u> Year <u>1959</u>			
--	--	--	---	--	--	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-16-1897</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
----------------------	-------------------------------	---	------------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Fair Play, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Crain</u>	14. NAME OF HUSBAND OR WIFE <u>George Asbell</u>
-----------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-16-8421</u>	17. INFORMANT <u>George Asbell, Fair Play, Mo.</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
IMMEDIATE CAUSE (a) <u>Cystadenocarcinoma ovary with local intra-abdominal implants and invasion of bowel</u>		
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)		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 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 _____ Month, Day, Year _____	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 <u>4-19-59</u> to <u>9-10-59</u> and last saw ^(her) him alive on <u>9-10-59</u>	
Death occurred at <u>11:25 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <u>Lail R. Swan MD</u>	22b. ADDRESS <u>404 Prof. Bld. Springfield, Mo.</u>	22c. DATE SIGNED <u>9-14-59</u>
---	---	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 13-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Akard Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fair Play, Mo.</u>
---	--------------------------------	--	---

24. FUNERAL DIRECTOR <u>Barker-Butler, Fair Play, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-15-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>
---	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

173 OCT 6 1959

1939
61

1878

MAR 29 1960

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 Louis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield

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.