

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039759

5708

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5708

**FILED NOV 4 1963**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JACKSON</b>		a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY, MISSOURI</b>		c. CITY OR TOWN <b>KANSAS CITY, KANSAS</b>	
Length of stay in lb <b>45 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL, KC, MO.</b>		d. STREET ADDRESS (if outside, give location) <b>1139 Merriam Lane</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM JAMES ASBURY</b>			4. DATE OF DEATH Month Day Year <b>OCTOBER 19, 1963</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>w. hite</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/12/92</b>
9. AGE (last birthday) <b>70</b>		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) <b>MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MECHANIC</b>	11. BIRTHPLACE (City and state or country) <b>DE KALB, MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>ROBERT ASBURY</b>	
13b. MOTHER'S MAIDEN NAME <b>LAURA BOLIN</b>		14. NAME OF HUSBAND OR WIFE <b>NEVER MARRIED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>YES</b> (If yes, give year or dates of service) <b>9/18/17 to 6/11/19</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>VA HOSPITAL RECORDS-RUSH ASBURY-</b>		Address <b>RUSHVILLE, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of lung with cerebral metastases</b>			INTERVAL BETWEEN ONSET AND DEATH
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 s.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>VA</b> <b>8/26/63</b> to <b>10/19/63</b> and last saw him alive on <b>10/19/63</b>		Death occurred at <b>4:46 AM 10/19/63</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>ROBERT W. BROWN, M.D.</b>		22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	22c. DATE SIGNED <b>10-21-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-22-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ATCHINSON, KANSAS-</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons - KAN. CITY</b>		25. DATE RECD. BY LOCAL REG. <b>10-22-63</b>	26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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embalmer license holder must be monitored

**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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address No. Han. City, Ind.

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.

00-12-01