

FILED APR 12 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10526
State File No. _____
Registrar's No. 67

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(c) Name of hospital or institution: **Stone Memorial Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Chester Lee Faskin**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **17th. 1910** years (Day) (Year)

7. Birth date of deceased **Jan 17th. 1910** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	1	27	hr. min.

9. Birthplace **Jasper Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farmer**

MOTHER { 12. Name **Oscar Faskin**
13. Birthplace **Jasper Co. Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Nettie Sunderland**
15. Birthplace **Jasper Co. Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Faskin**
(b) Address **Jasper, Mo. R.R.1**

17. (a) **Burial** (b) Date thereof **Mar. 16th. 43** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Faskin Cemetery**

18. (a) Signature of funeral director **Chas. J. Teeter**
(b) Address **Jasper, Missouri.**

19. (a) **Mar. 15, 1943** (b) **Elizabeth Couplin** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Rural Sherdian**
(If outside city or town limits, write "RURAL")
(d) Street No. **Two & one half mile east Jasper** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **14** year **1943** hour **3** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **Mar 10, 1943 to Mar 14, 1943** that I last saw him alive on **Mar 14, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Asystole** *Duration 1*

Due to **Acute dilatation of Rt. Auricle**
Due to **of heart**
Other conditions **elongated**
(Include pregnancy within 3 months of death)

Major findings: **Appendix containing 3 pebbles.** *Physician*
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Albert A. Decker** M.D. or other _____
Address **Carthage Mo.** Date signed **Mar 14 43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19
3

48-3-286

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Phas. J. Teeter*

Licensed Embalmer No. *2566*

P. O. Address *Jasper 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 this body is not embalmed, fact should be so stated above.