No. 300
10.48

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7792

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 82

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1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospitol

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage 76
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linn
d. STREET ADDRESS (If rural, give location): R # 2

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): William Pleasant Abraham Hassler

4. DATE OF DEATH (Month) (Day) (Year): Mar. 31, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11-8-1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 4, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): College Hill, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Pleasant Hassler
13b. MOTHER'S MAIDEN NAME: Mandy Lyle
14. NAME OF HUSBAND OR WIFE: Cordelia Rand Hassler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Cordelia R. Hassler — ADDRESS: Linn, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mural Thrombus
DUE TO (c) old coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac infarction

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: H20.1
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 30 1949 *to* Mar 31, 1949, *that I last saw the deceased alive on* Mar 31, 1949, *and that death occurred at* 5:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A Ossman MD
23b. ADDRESS: Jefferson City Mo
23c. DATE SIGNED: 3-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-3-49
24c. NAME OF CEMETERY OR CREMATORY: Judge Cemetery
24d. LOCATION (City, town, or county) (State): Linn R#2 Mo.

DATE REC'D BY LOCAL REG.: April 1-1949
REGISTRAR'S SIGNATURE: R.P. Darris MD 68 NR
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Morton — ADDRESS: Linn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed

District ... APR 6 1949

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REGISTERED

APR 8 1949

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.

Signed Vernon M. Morton

Signed _____
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Linn, 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.