.S. No. 300
ev. 10.48

14

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

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29460

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 324

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): since 1-5-48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Williamstown
d. STREET ADDRESS (If rural, give location): U/N

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Gasper

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20 1949

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): wid.
8. DATE OF BIRTH: Oct 1875 all tim
9. AGE (In years last birthday): 73 — If under 1 year: Months D.K. Days D.K. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Romania
12. CITIZEN OF WHAT COUNTRY? Romanian

13a. FATHER'S NAME: D. K.
13b. MOTHER'S MAIDEN NAME: D. K.
14. NAME OF HUSBAND OR WIFE: Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: D. K.
17. INFORMANT'S SIGNATURE OR NAME: Jno Gasper Jr. ADDRESS: Williamstown Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — 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) Advanced generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced mental deterioration — 421

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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* Aug 1, 1949, *to* Sept 20, 1949, *that I last saw the deceased alive on* Sept 19, 1949, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. S. Tate (Degree or title): M.D.
23b. ADDRESS: State Hosp. #1
23c. DATE SIGNED: Sept 20-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 21, 1949
24c. NAME OF CEMETERY OR CREMATORY: Clear Lake
24d. LOCATION (City, town, or county) (State): Clear Lake, Wisconsin

DATE REC'D BY LOCAL REG.: Sept 23-1949
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Marion Funeral Home ADDRESS: Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

District File Number

RECEIVED
SEP 27 1949
District Health Officer No. 9,

FEB 6 1953

OCT 23 1953

AUG 30 1954

OCT 20 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Walter J. Haines Jr.

Signed.....
Student Embalmer.

Licensed Embalmer No. 4557

P. O. Address Fulton 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.