

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34175**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5587** Registrar's No. **181**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper	
d. FULL NAME OF HOSPITAL OR INSTITUTION I		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle) Jane	c. (Last) Fasken	4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1949
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5. SEX White	6. COLOR OR RACE Female	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Tom Hanshaw	13b. MOTHER'S MAIDEN NAME Hannah Hanshaw	14. NAME OF HUSBAND OR WIFE Oscar Fasken
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lee Meade, Asbury, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 170X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Jasper, Jasper, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-1-49**, 19___, to **10-5-**, 19**49**, that I last saw the deceased alive on **10-1-**, 19**49**, and that death occurred at **4-2-m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.H. Knott M.D.	23b. ADDRESS Jasper, Mo.	23c. DATE SIGNED 10-6-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 7, 1949	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Jasper, Mo.
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DATE REC'D BY LOCAL REG. 10-10-49	REGISTRAR'S SIGNATURE L. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Marion Selvey	ADDRESS Snare & Selvey, Jasper, Mo.
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Per. n. Ferguson (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-17-49
Jasper County Health Office

County File Number 49-10-797

Date Filed 10-28-49

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.....

Glen A. Gibbons

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Glen A. Gibbons

Licensed Embalmer No. 4624

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.