

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12501**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <b>Franklin.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Franklin.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington.</b> <b>0362</b>	
c. LENGTH OF STAY (In this place) <b>30 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>223 W. 5th St.</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>223 W. 5th St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>	b. (Middle) <b>Andrew</b>	c. (Last) <b>Jasper</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 14th, 1950.</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 1</b>	8. DATE OF BIRTH <b>Nov. 10, 1884</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 YEAR Days <b>4</b>	IF UNDER 1 YEAR Hours <b></b>	IF UNDER 1 YEAR Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern Operator.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern &amp; Restaurant.</b>	11. BIRTHPLACE (State or foreign country) <b>Washington, Mo.</b> <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Jasper.</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Voss.</b>	14. NAME OF <del>DECEASED'S</del> WIFE <b>Katherine Helen Jasper.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No.</b> <b>x</b>	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Katherine Jasper</b>	ADDRESS <b>Washington, Mo.</b>
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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 <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4201</b>

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **4-12, 1950**, to **4-14, 1950**, that I last saw the deceased alive on **4-13, 1950**, and that death occurred at **4:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>705 Elm Washington Mo.</b>	23c. DATE SIGNED <b>4-14-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 17, 1950.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Borgia Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>Washington, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 15, 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Washington, Mo.</b>
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District Health Officer No. 9  
RECEIVED  
APR 22 1950  
District File Number

MAY 9 1950

MAY 2 1950

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 Jerome F. Svoboda  
Licensed Embalmer No. 4507

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Washington

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.