

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27274

495

FILED SEP 11 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2000 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin, 13th and Dusquesne</b>	
c. LENGTH OF STAY (in this place) <b>11 Years</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL ( Rt #1 box # 65)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>M.</b>	
c. (Last) <b>Fasnacht</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 21, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 25, 1870</b>
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR <b>11</b> Days	IF UNDER 24 HRS. <b>26</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Telegraph Operator</b>	11. BIRTHPLACE (State or foreign country) <b>Mucotah, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			
13a. FATHER'S NAME <b>Martin Fasnacht</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>	
14. NAME OF HUSBAND OR WIFE <b>Clara Fasnacht</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Clara Fasnacht, Rt #1 Box 65 Joplin, Mo</b>		ADDRESS	
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) <b>ACUTE CORONARY OCCLUSION</b> ANTECEDENT CAUSES DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>6 HOURS.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-21</b> , 19 <b>50</b> , to <b>8-21</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>8-21</b> , 19 <b>50</b> , and that death occurred at <b>10:15Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>D. D. Douglas M.D.</b> (Degree or title)		23b. ADDRESS <b>218 Frisco Bldg Joplin</b>	
23c. DATE SIGNED <b>8/26/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-25-1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-28-50</b>		REGISTRAR'S SIGNATURE <b>Ed V. James 138</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mortuary Joplin MO</b>		ADDRESS	

RECEIVED 9-9-50  
Jasper County Health Office

County File Number 50-8-649

Date Filed 9-9-50

SEP 21 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.

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

Signed William E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, Missouri

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.