

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27381

1. PLACE OF DEATH  
a. COUNTY Lafayette  
b. CITY OR TOWN Higginsville  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death)  
a. STATE Missouri  
b. COUNTY Lafayette  
c. CITY OR TOWN Higginsville 0541  
d. STREET ADDRESS

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

4. DATE OF DEATH (Month) (Day) (Year)  
8-14-50

5. SEX Male  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married  
8. DATE OF BIRTH June 6-1878  
9. AGE (In years last birthday) 72  
If under 1 year: Months 2, Days 8  
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 Retired  
11. BIRTHPLACE (State or foreign country) Lexington Mo.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herbert Gassen  
13b. MOTHER'S MAIDEN NAME Elizabeth Bell  
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  
16. SOCIAL SECURITY NO.  
17. INFORMANT'S SIGNATURE OR NAME Frank Gassen  
ADDRESS Higginsville

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
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  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) (Minute)  
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 April 25, 1950, to August 14, 1950 that I last saw the deceased alive on August 14, 1950 and that death occurred at 6:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Koppens  
23b. ADDRESS P.O. Box 100, Higginsville, Mo.  
23c. DATE SIGNED Aug 16 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE 8-17-50  
24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery  
24d. LOCATION (City, town, or county) Higginsville Mo (State)

DATE REC'D BY LOCAL REG. Aug 18-1950  
REGISTRAR'S SIGNATURE Clayton H. Landrum  
52. FUNERAL DIRECTOR'S SIGNATURE Roy F. Wiegert  
ADDRESS Higginsville Mo

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

54-1

RECEIVED 8-22-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8-22-50

500  
7-6-1950

**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 Roy G. Weger

Licensed Embalmer No. 2883

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

P. O. Address Higginsville 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.