

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37953  
State File No.

0804

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 378

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>236 So. Harrison</u>		d. STREET ADDRESS (If rural, give location) <u>236 So. Harrison</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNE</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>JASPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. 'MARRIED; NEVER MARRIED; WIDOWED; DIVORCED' (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 25, 1895</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>	11. BIRTHPLACE (State or foreign country) <u>Lexington, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Overall Factory</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Jasper</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Mueller</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-20-9456</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Jasper, 236 So. Harrison</u>
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Hyperthyroidism.</u>  DUE TO (c) _____			Over 5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dental Caries.</u>			Over 5yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None. Medical only. Refused operation.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	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) <u>None.</u>	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 <u>Over 5 years</u> to <u>December 2nd, 1950</u> , that I last saw the deceased alive on <u>Dec. 1st, 1950</u> , and that death occurred at <u>12.05 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>15 Sedalia, Missouri.</u>	23c. DATE SIGNED <u>12-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 5/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
DATE REC'D BY LOCAL REG. <u>12-5-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Sedalia Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

**RECEIVED** / 12-11-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 12-11-50

**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 Regis L. Lulley

Licensed Embalmer No. 4818

P. O. Address Sedalia 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.