

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41699

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u> <u>0791</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>M.</u> c. (Last) <u>Fassold</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 16 1858</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Perry Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Albert Fassold</u>	13b. MOTHER'S MAIDEN NAME <u>Margarete Bergmann</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Fassold</u>	ADDRESS <u>Perryville Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic broncho Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Nov 12, 1950 to Nov 17, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Bailey M.D.</u>	(Degree or title)	23b. ADDRESS <u>Perryville Mo.</u>	23c. DATE SIGNED <u>11-18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 20 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 20-1950</u>	REGISTRAR'S SIGNATURE <u>Joseph Zollner</u> <u>250</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons Perryville Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0791

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No. 0

File No. ....

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 .....

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Wallace Young* .....

Licensed Embalmer No. *4027* .....

P. O. Address *Perryville* .....

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.