

No. 300
10.48

0490

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9066

State File No.

FILED MAR 28 1951

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Jasper		c. CITY (If outside corporate limits, write RURAL and give township) Jasper	
c. LENGTH OF STAY (In this place) 5 Yrs.		d. STREET ADDRESS (If rural, give location) - -	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Ellsworth c. (Last) FASKEN			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 27, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (State or foreign country) N.E. of Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alexander Fasken	13b. MOTHER'S MAIDEN NAME Amanda Johnson	14. NAME OF HUSBAND OR WIFE Ora Bush Fasken
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Lawrence Fasken	ADDRESS Carthage, Mo.
---	-------------------------------------	--	------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Asthma		INTERVAL BETWEEN ONSET AND DEATH 6 yrs 43:42
	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 <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) Jasper, Jasper, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-1-1945 to 3-19-1951, that I last saw the deceased alive on 3-19-1951, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. H. Knott M.D. (Degree or title)	23b. ADDRESS Jasper, Mo.	23c. DATE SIGNED 3-22-51
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-23-51	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) N.E. of Carthage, Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 3-23-51	REGISTRAR'S SIGNATURE R. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
---	--	--	------------------------------

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

RECEIVED 3-27-51

Jasper County Health Office

County File Number 51-3-264

Date Filed 3-27-51

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Gene C. Pugh
Gene, C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.