

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23435

State File No. \_\_\_\_\_  
REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127  
Registrar's No. 111

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		State File No. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 111			
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) OR TOWN Webb City				c. LENGTH OF STAY (In this place) 4yrs				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City 0492							
d. FULL NAME OF HOSPITAL OR INSTITUTION 730 West 2nd St.				d. STREET ADDRESS (If rural, give location) 730 West 2nd st. 3											
3. NAME OF DECEASED (Type or Print) FRED				a. (First)				b. (Middle) GASSER				c. (Last)			
4. DATE OF DEATH July 11, 1951				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married				8. DATE OF BIRTH October 18, 1874				9. AGE (In years last birthday) 76			
5. SEX Male				6. COLOR OR RACE White				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				11. BIRTHPLACE (State or foreign country) Switzerland 5			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming				11. BIRTHPLACE (State or foreign country) Switzerland				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Fred Gasser				13b. MOTHER'S MAIDEN NAME Margaret Paula				14. NAME OF HUSBAND OR WIFE Clara E. Gasser							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Clara E. Gasser				ADDRESS Webb City, 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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Medical Certification</i> <i>Tuberculosis</i>  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.								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 002X			
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) Webb City				21d. (COUNTY) Jasper			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				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 7-29, 1949, to 7-11, 1951, that I last saw the deceased alive on 7-11, 1951, and that death occurred at 9:00 p. m., from the causes and on the date stated above.															
23a. SIGNATURE <i>M. Peace</i>				(Degree or title) Dr.				23b. ADDRESS Carterville Mo				23c. DATE SIGNED 7-12-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE July 13, 1951				24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery				24d. LOCATION (City, town, or county) Webb City, Missouri (State)			
DATE REC'D BY LOCAL REG. July 12-51				REGISTRAR'S SIGNATURE <i>M. Peace</i>				25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis				ADDRESS Webb City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-12-51  
Jasper County Health Office

County File Number 51/7/573  
Date Filed 7-12-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed *Leonard J. Lewis*

Licensed Embalmer No. 4561

P. O. Address *Wills City, 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.