

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19653

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY County of Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Calloway Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wright City Mo		1090	
c. LENGTH OF STAY (In this place) 7 Yrs		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 1.					

3. NAME OF DECEASED (Type or Print) George F Jaspering			4. DATE OF DEATH (Month) (Day) (Year) June-13- 52		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="radio"/>	8. DATE OF BIRTH Dec-25 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) St Charles County Mo. <input checked="" type="radio"/>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Henry C. Jaspering		13b. MOTHER'S MAIDEN NAME Caroline C. Hagermann		14. NAME OF HUSBAND OR WIFE None	
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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. no		17. INFORMANT'S SIGNATURE OR NAME Hospital Records		ADDRESS Fulton, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo-Carditis			DUPLICATE (b) Hypostatic Pneumonia				2 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUPLICATE (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from 6/13/52, 19__, to 6/13/52, 19__, that I last saw the deceased alive on 6/13/52, 19__, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dorothy Fowler M.D.		23b. ADDRESS Fulton MO		23c. DATE SIGNED 6/13/1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June-15-1952		24c. NAME OF CEMETERY OR CREMATORY Wright City, Cem.		24d. LOCATION (City, town, or county) (State) Wright City Mo	
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DATE REC'D BY LOCAL REG. June-13-1952		REGISTRAR'S SIGNATURE Maritta Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE Wallace General Home, Fulton, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

0143
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JUL 17 1953

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 William C. Freese

Licensed Embalmer No. 4870

P. O. Address Fulton 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.