

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2343

State File No.

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

30

FILED FEB 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>5840</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Van Buren</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren Township</u>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mile South W. of Penu lit</u>				d. STREET ADDRESS (If rural, give location) <u>3 mile South West of Penu lit</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>BARTHALMEW</u>		c. (Last) <u>JASUMBACK</u>	
4. DATE OF DEATH (Month) (Day) (Year)		<u>Jan 20 - 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<u>married</u>		8. DATE OF BIRTH <u>March 27, 1883</u>		9. AGE (in years last birthday) Months Days Hours Min. <u>69 9 24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Massouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Jasumback</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Shulte</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel P. Jasumback</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 ADDRESS <u>Mrs. Mabel P. Jasumback Penu lit</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> 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 <u>12 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>		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)			
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 <u>April 15, 1947</u> , to <u>Jan 20, 1952</u> , that I last saw the deceased alive on <u>Jan 10, 1952</u> , and that death occurred at <u>6:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. L. Edwards M.D.</u>				23b. ADDRESS <u>Newton Mo</u>		23c. DATE SIGNED <u>1-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren</u>		24d. LOCATION (City, town, or county) (State) <u>Newton County Mo</u>	
DATE REC'D BY LOCAL REG <u>Jan. 27, 1953</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welba Bros. Penu lit Mo</u>			

RECEIVED

District Health Officer No. ~~NEWTON COUNTY HEALTH UNIT~~

District File Number 253-32

Date Filed 2/7/53

FEB 24 1953

NEOSHO, MISSOURI

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, Edwin P. Wilks

working under my personal supervision.

Student Embalmer No.

Signed Edwin P. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Pierson 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.