

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12918

State File No.

No. 300
10-48

FILED APR 14 1953

BIRTH NO. <u>19739</u>		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township.) OR TOWN <u>Rural Miami Twn.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8 Mi. north of Marshall, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>		b. (Middle) <u>Eugene</u>		c. (Last) <u>Jasper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 7-1953</u>		9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clarence Jasper</u>			13b. MOTHER'S MAIDEN NAME <u>Shirley Barteo</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Jasper Marshall, Mo. R. F. D.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
		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)			
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 <u>4-7 1953</u> , to <u>4-9 1953</u> , that I last saw the deceased alive on <u>4-9 1953</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James C. Reed, M.D.</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>4-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Home</u>		24d. LOCATION (City, town, or county) (State) <u>Buffalo - Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-10-1953</u>		REGISTRAR'S SIGNATURE <u>Chidney F. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leakin Swanson - Marshall Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

J. Leahy Sweeney

Licensed Embalmer No. *2235*

P. O. Address *Marshall, 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.