

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5434

26761

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>332</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: resident before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yr</u>		c. CITY OR TOWN <u>Washington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Road 1 1/2 miles west of Washington</u>				e. STREET ADDRESS (If rural, give location) <u>RR# 2 West</u> <u>0360</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHLEEN</u> b. (Middle) <u>MARIE</u> c. (Last) <u>JASPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>17</u> <u>1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 12, 1951</u>	
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>10</u> DAYS <u>5</u> HOURS _____ MIN. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
13a. FATHER'S NAME <u>Robert Jasper</u>			13b. MOTHER'S M maiden name <u>Jean Dechler</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ma Robert Jasper</u> ADDRESS <u>RR# 2 Washington</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Crushed skull</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E 9121</u> <u>22</u>					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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Franklin Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 17 1954</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over on child</u>					
22. I, hereby certify that I attended the deceased from _____ until _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest R. Ottmann</u> (Degree or title) <u>Dr.</u>			23b. ADDRESS <u>Lead, Mo.</u>			23c. DATE SIGNED <u>Aug 17, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Lead</u>		24b. DATE <u>8-19-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Roman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/18/54</u>		REGISTRAR'S SIGNATURE <u>F. S. Hedmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. F. H. by McWilliam</u> ADDRESS <u>Washington Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

STATEMENT BY LICENSED EMBALMER

*John Doe*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student *[Signature]*  
Signature of Student Embalmer

Signed *[Signature]*  
Signature of Licensed Embalmer

Licensed Embalmer No. *11111*

P. O. Address *[Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (F  
comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.