

No. 300
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FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **25756**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **142**

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY OR TOWN Washington.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 yr.		f. STREET ADDRESS (If rural, give location) 420 Fremont St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Clarence	b. (Middle) H.	c. (Last) Jasper.	4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1955.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 6th, 1898.	9. AGE (in years last birthday) 57	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory Supplies.	11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Jasper.	13b. MOTHER'S MAIDEN NAME Theresa Boehm.	14. NAME OF HUSBAND OR WIFE X
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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. X	16. SOCIAL SECURITY NO. 493-09-0375	17. INFORMANT'S SIGNATURE OR NAME Mrs. Adele Lause	ADDRESS Washington, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 96 hours 96 h 96 h 20 years 3 to 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis and pre-renal azotemia		
	DUE TO (c) Renovascular disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Arteriosclerosis of the aorta 2) Pulmonary tuberculosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? 446X A YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 19, 1954**, to **Aug 17, 1955**, that I last saw the deceased alive on **Aug 17, 1955**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Mayfield, M.D.	23b. ADDRESS 205 Elm St. Washington, Mo.	23c. DATE SIGNED Aug 18, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE Aug. 19, 1955.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. 8/18/55	REGISTRAR'S SIGNATURE J.P. Anderson	FUNERAL DIRECTOR'S SIGNATURE J.P. Anderson, Nieburg & Vitt, Inc.	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1931 07 1897

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.....
Signature of Student Embalmer

Signed *Jerome F. Lichoda*.....

Licensed Embalmer No. 45.....

P. O. Address *Washington*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.