

FILED SEP 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30473**

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **4449** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Reynolds	
b. CITY OR TOWN Ellington	c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN Lorillard	d. If 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 Carver Nursing Home		STREET ADDRESS (If rural, give location) 0900	

3. NAME OF DECEASED (Type or Print) Vincent	a. (First)	b. (Middle)	c. (Last) KASPER	4. DATE OF DEATH (Month) (Day) (Year) Sept 16 55
--	------------	-------------	-------------------------	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov 3 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 10 Days 13	IF UNDER 24 HRS. Hours Min.
-----------------	---------------------------	---	------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lithuania Russia	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	---

13a. FATHER'S NAME Joseph Kasper	13b. MOTHER'S MAIDEN NAME Pauline Koval	14. NAME OF HUSBAND OR WIFE Anabelle Kasper
---	--	--

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. NONE	17. INFORMANT'S SIGNATURE OR NAME Peter Belcinas ADDRESS St. A. 1. Centerville, Mo.
--	-------------------------------------	---

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) Cerebral Hemorrhage	DUE TO (b) Arteriosclerosis		
ANTECEDENT CAUSES	DUE TO (c) 331X		

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **June 15, 1953** to **Sept 16, 1955**, that I last saw the deceased alive on **Sept 14, 1955**, and that death occurred at **9:50A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth T. Carter MD	23b. ADDRESS Ellington Mo	23c. DATE SIGNED Sept 19 55
--	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 18 55	24c. NAME OF CEMETERY OR CREMATORY Reynolds Cemetery	24d. LOCATION (City, town, or county) (State) Reynolds, Mo
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. Sept 19 55	REGISTRAR'S SIGNATURE Bessie Evans	25. FUNERAL DIRECTOR'S SIGNATURE Chas S. Curt ADDRESS Ellington, Mo
--	---	---

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

Received 9-22-55
Reynolds County Health
File No. 955 - 40

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 *Chas S. Lewitt*.....

Licensed Embalmer No. 457
P. O. Address Ellington,

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.