

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

STATE FILE NUMBER 219 2838

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2838

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 13 1866</b>		9. AGE (In years last birthday) <b>91</b>		4. DATE OF DEATH Month <b>June</b> Day <b>16</b> Year <b>1957</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) <b>424 So Denver</b>		Length of stay in lb <b>60 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>424 So Denver</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>FRANKLIN</b> Last <b>JASPER</b>															
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Dealer</b>		11. BIRTHPLACE (City and state or country) <b>Summerset Kentucky</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>No Record</b>				13b. MOTHER'S MAIDEN NAME <b>No Record</b>				14. NAME OF HUSBAND OR WIFE <b>Ollie Belle Jasper</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT Address <b>Orville Jasper 424 So Denver</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>										INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____										<b>4200</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)												
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.															
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION				COUNTY		STATE		
21. I attended the deceased from Death occurred at <b>4:30</b> <b>2-6-57</b> to <b>6-16-57</b> and last saw him alive on <b>6-14-57</b> on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <b>Richard W. Gunn</b> (Degree or title)						22b. ADDRESS <b>6230 Truman Rd. K. Mo.</b>						22c. DATE SIGNED <b>6-17-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>June 18 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>						
24. FUNERAL DIRECTOR <b>Sheil Funeral Home Kansas City Mo</b>						ADDRESS		25. DATE RECD. BY LOCAL REG. <b>6-17-57</b>		26. REGISTRAR'S SIGNATURE <b>Irene Marshall</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Richard W. Gunn

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 *Thomas A. Hill* .....

Licensed Embalmer No. *4954* .....  
P. O. Address *K. L. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.