

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004522  
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 186

300  
-57 0

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>DONIPHAN</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. JOSEPH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>WATHENA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. METH. HOSPITAL</b>			Length of stay in 1b <b>14 DAYS</b>		d. STREET ADDRESS (If outside, give location) <b>W-----</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>---</b> Last <b>JASSMANN</b>				4. DATE OF DEATH Month <b>FEB.</b> Day <b>16,</b> Year <b>1958</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>FEB. 17, 1894</b>		9. AGE (In years last birthday) <b>63</b>		10. UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		11. UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINISTER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>ZION EVAN. &amp; REFORMED</b>			11. BIRTHPLACE (City and state or country) <b>MENNO, S. D.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>MICHAEL JASSMANN</b>				13b. MOTHER'S MAIDEN NAME <b>ROBINA NEUHARDT</b>				14. NAME OF HUSBAND OR WIFE <b>ELIZABETH</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>515-20-5868</b>				17. INFORMANT Address <b>MRS. ELIZABETH JASSMANN, WATHENA, KANSAS</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>Postoperative Intestinal Obstruction</b>										INTERVAL BETWEEN ONSET AND DEATH <b>10 days.</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Ulcerative Colitis</b>										DUE TO (c) <b>23 years.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fibroid Pulmonary Tuberculosis</b>										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>													
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 <b>Jan 31, 1958</b> to <b>Feb 16, 1958</b> and last saw him alive on <b>Feb 16, 1958</b> Death occurred at <b>Feb 16, 1958 11:10 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>John R. M. Daniel M.D.</b> (Degree or title)				22b. ADDRESS <b>902 Edmund St., St. Joseph</b>				22c. DATE SIGNED <b>2/19/58</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>			23b. DATE <b>2/16/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ZION EVAN. &amp; REFORMED</b>				23d. LOCATION (City, town, or county) (State) <b>DONIPHAN COUNTY, KANSAS</b>				
24. FUNERAL DIRECTOR <b>HARMAN FUNERAL HOME-WATHENA, KANSAS</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>Feb. 24, 1958</b>				26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 9 1959

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 *Charles M. Farmer*

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.