

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012832

STATE FILE NUMBER

FILED APR 1 1958 Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Safayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sweet Springs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Higginsville, Mo.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Forayth Rest Home</i>		Length of stay in lb <i>3 months</i>	d. STREET ADDRESS (If outside, give location) <i>Farm 3 mi. N.E.</i>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>William H. Jaspering</i>			4. DATE OF DEATH Month Day Year <i>Mar. 8 1958</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 31, 1882</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Land Owner</i>	11. BIRTHPLACE (City and state or country) <i>Warrenton, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Arto Jaspering</i>	13b. MOTHER'S MAIDEN NAME <i>Caroline Dickman</i>	14. NAME OF HUSBAND OR WIFE <i>Lura Effel Jaspering (Deceased)</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Alvin Bohman, Higginsville, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute lobar pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 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.) <i>0</i>
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <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 <i>490X</i>	COUNTY	STATE
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21. I attended the deceased from Death occurred at <i>Mar 7 7:30</i> to <i>Mar 8</i> and last saw her alive on <i>Mar 6, 1958</i> A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Paul R. Dyer</i>	22b. ADDRESS <i>Sweet Springs, Mo.</i>	22c. DATE SIGNED <i>3-22-58</i>
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23a. BURIAL, CREMATION, RENOVAL (Specify) <i>Burial</i>	23b. DATE <i>Mar. 10, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Evangelical + Reformed</i>	23d. LOCATION (City, town, or county) (State) <i>Higginsville Mo.</i>
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24. FUNERAL DIRECTOR <i>Meegers-Rickhof-Higginsville Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>March 23 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mary Mosley</i>
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(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.

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 *Robert Wiegman*

Licensed Embalmer No. *2883*
P. O. Address *Hopkinton*

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.