

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013756  
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 115-116 Primary Registration District No. 3070 Registrar's No. 137

300  
-57  
362

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|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Franklin</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Washington</u> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Willa Ridge</u>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>                       |  | d. STREET ADDRESS <u>9. W. Hill</u>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                               |   |   |  |   |
|--|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>LESTER</u> Middle <u>Clasper</u> Last <u>Clasper</u>             |                               |   | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>27</u> Year <u>1958</u>   |  |   |
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 18, 1902</u>                               |  | 9. AGE (In years last birthday)<br><u>55</u>    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Cab Driver</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Cab Co.</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Streator, Illinois</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u> |

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|--|--|--|
| 13a. FATHER'S NAME<br><u>William Clasper</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Jane Keating</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Irma Clasper</u>                   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>        | 17. INFORMANT<br><u>Jane Clasper, 2198. Broadway, Streator, Ill.</u> |

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|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Primary carcinoma of liver</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 mo.</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>(See direct carcinoma)</u> |   |
|  | DUE TO (c) <u>1551</u>                   |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____ Month _____ Day _____ Year _____<br>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 <u>Exp 1958</u> to <u>4/27/58</u> and last saw her alive on <u>4/27/58</u><br>Death occurred at <u>11:45 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                 |   |
| 22a. SIGNATURE (Degree or title)<br><u>[Signature]</u>  | 22b. ADDRESS<br><u>Union Mo</u> | 22c. DATE SIGNED<br><u>4/28/58</u><br>(State) |

|  |  |   |  |
|--|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>             | 23b. DATE<br><u>April 30, 1958</u>             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Riverview Cemetery</u>         | 23d. LOCATION (City, town, or county)<br><u>Streator, Illinois</u> |
| 24. FUNERAL DIRECTOR<br><u>Nieburg &amp; Witt, Inc., Washington Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>4/28/58</u> | 26. REGISTRAR'S SIGNATURE<br><u>F. C. Stulmann &amp; F. C. Stulmann</u> |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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MAY 14 1958

MAY 16 1958

MAY 13 1958

MAY 23 1958

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 *Lester A. Witt* .....

Licensed Embalmer No. *3254* .....  
P. O. Address *Washington, Md* .....

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.