

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4276 58-014861
STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 13177 Primary Registration District No. 40-76 Registrar's No. 59

300
1-57
550

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pierce City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Commercial		Length of stay in 1b 18 years	d. STREET ADDRESS (If outside, give location) East Commercial		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anthony Middle Pete Last Jaster			4. DATE OF DEATH Month April Day 4 Year 1958		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-7-1896		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Barry County 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Peter Jaster		13b. MOTHER'S MAIDEN NAME Mary Stapanski		14. NAME OF HUSBAND OR WIFE Beatrice Jaster	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 500-09-0731		17. INFORMANT Address Beatrice Jaster Pierce City Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis					
DUE TO (c) 332X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis heart dis					19. WAS AUTOPSY PERFORMED? 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 Hour _____ Month, Day, Year _____ a.m. _____ 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 COUNTY STATE	
21. I attended the deceased from 9-1-57 to 4-4-58 and last saw him alive on 4-4-58 . Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) F. J. Edwards M.D.			22b. ADDRESS 1001 N. 1st St., Mo.		22c. DATE SIGNED 4-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-7-1958	23c. NAME OF CEMETERY OR CREMATORY St. Peters Pauls		23d. LOCATION (City, town, or county) (State) Barry County Mo.
24. FUNERAL DIRECTOR Wilks Bros. Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 4-7-58		26. REGISTRAR'S SIGNATURE Mrs. O. N. Cook	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 458-81

DATE REC. 4-14-58

APR 18 1958

OCT 2 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 Edwin Wilks....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 4131.....
P. O. Address Paris City 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.