Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035771
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 102 E. Williams — Length of stay in Ib 2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Salisbury — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 102 East Williams — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Alminta Middle: Ann Last: Vasser
4. DATE OF DEATH Month Day Year: Oct. 17, 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 17, 1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Scotland County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: David Vasser
13b. MOTHER'S MAIDEN NAME: Mary Lancaster
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Julian Vasser, Address: Salisbury, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of Colon. — INTERVAL BETWEEN ONSET AND DEATH: Resected
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) — Operated 11-5-4.
DUE TO (c) Metastasized to Rectum.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept-5-58 to Oct 17-58 and last saw her him alive on Oct 17-58
Death occurred at 7:30 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. W. Houston (Degree or title)
22b. ADDRESS Salisbury Mo
22c. DATE SIGNED 10/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Oct. 19, 1958
23c. NAME OF CEMETERY OR CREMATORY: Asbury Cemetery
23d. LOCATION (City, town or county) (State): Chariton County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Chas. B. Winkelmeyer, Salisbury, Mo.
25. DATE RECD. BY LOCAL REG.: 10/18/58 REGISTRAR'S SIGNATURE: H. W. Houston

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.