

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002408

FILED VS JAN 25 1960

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 8 STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>LINCOLN</u> Lincoln b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u> Bedford Twp. Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Mem. Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u> c. CITY OR TOWN <u>2 miles Southeast</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>9 Jonesburg</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>											
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>FLORENCE HERMAN JASPERING</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>1 18 60</u>											
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>3-5-76</u>		<b>9. AGE (last birthday)</b> <u>83</u>		<b>IF UNDER 1 YEAR</b> Months Days Hours Min.		<b>IF UNDER 24 HR</b> Hours Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Warren County Mo</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>Warren County Mo</u>				<b>12. CITIZEN OF WHAT COUNTRY</b>			
<b>13a. FATHER'S NAME</b> <u>Fritz Jaspering</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Aerrietta Kolting</u>				<b>14. NAME OF HUSBAND OR WIFE</b>							
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>None</u>				<b>17. INFORMANT</b> Address <u>Elmer Jaspering Jonesburg Mo</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MASSIVE MESSERIC THROMBOSIS</u> DUE TO (b) <u>ATHEROSCLEROSIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>15 1/2 HOURS</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)											
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year <u>12:30 p.m. 1-21-60</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>					
<b>21. I attended the deceased from</b> <u>MAY 8, 1959</u> <b>to time of death</b> and last saw him alive on <u>18 JAN 60</u> Death occurred at <u>1230 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
<b>22a. SIGNATURE</b> (Degree or title) <u>Thomas Marts, D.O.</u>						<b>22b. ADDRESS</b> <u>JONESBURG, Mo.</u>				<b>22c. DATE SIGNED</b> <u>19 Jan 60</u>					
<b>23a. BURIAL, CREMATION, OR REMOVAL</b> (Specify) <u>None</u>		<b>23b. DATE</b> <u>1-21-60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Wright City</u>				<b>23d. LOCATION</b> (City, town, or county) (State) <u>Wright City Mo</u>							
<b>24. GENERAL DIRECTOR</b> ADDRESS <u>Carl Hardin Jonesburg Mo</u>						<b>25. DATE RECD. BY LOCAL REG.</b> <u>1-19-1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Charlotte Leek</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl A. Harding

Licensed Embalmer No. 7115

P. O. Address Jonestown, M.

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.