

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008256

STATE FILE NUMBER

AMENDED

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 87  
**FILED APR 10 1961**

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Length of stay in 1b <b>51 years</b>		c. CITY OR TOWN <b>Washington</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R. R. 2, (Pot. Road)</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>FREDERICK</b> Last <b>JASPER</b>				4. DATE OF DEATH Month <b>March</b> Day <b>31</b> Year <b>1961</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/27/1909</b>		9. AGE (last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>4</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Wash. Sp. Road Dist.</b>		11. BIRTHPLACE (City and state or country) <b>Washington MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Frederick Jasper</b>				13b. MOTHER'S MAIDEN NAME <b>Anna Schrader</b>				14. NAME OF HUSBAND OR WIFE <b>Helen (Dec'd)</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>1417 E. 5th St</b> <b>Mrs Charles Moll, Washington, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>										INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>			
DUE TO (b) <b>Post operation, gastric Resection</b>													
DUE TO (c) <b>Haemorrhagic gastric ulcer</b>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <b>Severe gastric hemorrhage</b>										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			
19. WAS AUTOPSY PERFORMED? <b>YES</b> 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.)									
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year											
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 <b>March 24/61</b> to <b>Mar 31/61</b> and last saw him alive on <b>Mar 31, 1961</b> Death occurred at <b>10 o'clock p.m. CST</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Lo Munch M.D.</b>						22b. ADDRESS <b>205 E. Washington Mo</b>			22c. DATE SIGNED <b>4/2/61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Apr. 3, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Catholic</b>		23d. LOCATION (City, town, or county) <b>Washington, Missouri</b>							
24. FUNERAL DIRECTOR <b>Henry W. Otto, Washington, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4/3/61</b>		26. REGISTRAR'S SIGNATURE <b>Lo Munch Deputy</b>							

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 11 1961

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 Henry W. Otte

Licensed Embalmer No. 3560

P. O. Address Washington

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.