MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-022282

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 17

FILED JUN 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0210
2 0210
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4 0
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7 0
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9 420.1
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12 90-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BRUNSWICK — Length of stay in lb: LIFE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First GEORGE Middle DEWEY Last JASPER

4. DATE OF DEATH: Month 6 – Day 9 – Year 62

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-22-1898
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN
10b. KIND OF BUSINESS OR INDUSTRY: POWER & LIGHT
11. BIRTHPLACE (City and state or country): BRUNSWICK Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WAVERLY P. JASPER.
13b. MOTHER'S MAIDEN NAME: SARAH ALICE GARNER.
14. NAME OF HUSBAND OR WIFE: LASSIE MAY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none.
16. SOCIAL SECURITY NO.: yes.
17. INFORMANT Address: Mrs George D. Jasper.

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — 10 yrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Liver cirrhosis & chr. Pancreatitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 8-22-61, to 1-5-62 and last saw ~~her~~ him alive on 1-5-62
Death occurred at 10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. W. Stuart M.D.
22b. ADDRESS: Brunswick
22c. DATE SIGNED: 6-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-12-1962.
23c. NAME OF CEMETERY OR CREMATORY: WASHINGTON.
23d. LOCATION (City, town, or county) (State): GLASGOW Mo.

24. FUNERAL DIRECTOR: L. E. McCurry — ADDRESS: Brunswick Mo
25. DATE RECD. BY LOCAL REG.: June 12-1962
26. REGISTRAR'S SIGNATURE: Dovie Smith

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1962

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 L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick, 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.