

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>278</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Washington</u>)		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Washington</u>		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. # 6, St. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 6, St. Joseph</u>			
3. NAME OF DECEASED (Type or Print): a. (First) <u>THOMAS</u>		b. (Middle) <u>FRANCIS</u>		c. (Last) <u>GASPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-21-1870</u>	
9. AGE (In years less birthday) <u>79</u>		# UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		# UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Gasper</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Binnicker</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Gasper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Gasper, R.F.D. # 6, St. Joseph</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 19 49</u> to <u>March 9, 1950</u> , that I last saw the deceased alive on <u>March 8, 1950</u> , and that death occurred at <u>7:42A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Annie Rosenthal M.D.</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>3-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 13, 1950</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> 382		F. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Alvin C. Beyer
working under my personal supervision.

Student Embalmer No. *342*

Student *Alvin C. Beyer*
Student Embalmer

Signed *John E. Rupp*
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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 this body is not embalmed, fact should be so stated above.