

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17875

State File No. _____

FILED JUN 7 1956

318

PRIMARY REG. DIST. NO. 1003

5058

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Mo. Pacific Hospital - ass.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>					
b. CITY (If outside corporate limits write RURAL and give township) <i>St. Louis mo</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Sedalia, Mo</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>04</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>2105 west 3rd st 08 1</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Thomas</i> b. (Middle) <i>Edgar</i> c. (Last) <i>Gasperson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 22 1956</i>						
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Feb 17, 1897</i>			
9. AGE (In years last birthday) <i>59</i>		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) <i>car repair man</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac RR.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Gerald, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
13a. FATHER'S NAME <i>James Gasperson</i>			13b. MOTHER'S MAIDEN NAME <i>Anna Taylor</i>			14. NAME OF HUSBAND OR WIFE <i>Della Gasperson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes WW#1</i>			16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Della Gasperson, Sedalia, Mo.</i>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Portal Cirrhosis of Liver</i>				INTERVAL BETWEEN ONSET AND DEATH <i>7 yrs</i>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis, genit.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Diabetic Nephritis</i>		581.0		19c. AUTOPSY? YES <input checked="" 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) (Min.)		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 <i>May 10, 1956</i> , to <i>May 22, 1956</i> , that I last saw the deceased alive on <i>May 22, 1956</i> , and that death occurred at <i>4:30 A.M.</i> , from the causes and on the date stated above.									
22a. SIGNATURE <i>Charles E. Harts MD</i> (Degree or title)				22b. ADDRESS <i>4909 Lindenwood</i>		22c. DATE SIGNED <i>5/23/56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>5-24-56</i>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Sedalia, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>MAY 25 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McLaughlin, Sedalia, Mo.</i>					

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

EX-101
MAY 17 1956

MAY 22 1956

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 *Francis J. Wylford*.....

Licensed Embalmer No. *451*.....

P. O. Address *St. Louis*.....

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.