

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2381

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 204 North Grand 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location) Salisbury	

3. NAME OF DECEASED (Type or Print)
a. (First) **Francis** b. (Middle) **Joseph** c. (Last) **Rascher**

4. DATE OF DEATH (Month) (Day) (Year) **Jan 2 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Aug 22-1876** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR: Months **4** Days **10** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (State or foreign country) **Worth County Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Ferdinand Rasche** 13b. MOTHER'S MAIDEN NAME **Elizabeth (Leike?)** 14. NAME OF HUSBAND OR WIFE **Theresa Spann Rascher**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no none** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Leo Rascher** ADDRESS **Salisbury Mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic myocarditis** INTERVAL BETWEEN ONSET AND DEATH **1 mo.**

ANTECEDENT CAUSES
DUE TO (b) **arteriosclerosis** ?
DUE TO (c) **bronchial asthma** ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **4221**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec 17, 1951**, to **Jan 2, 1952**, that I last saw the deceased alive on **Jan 1, 1952** and that death occurred at **2300 m.**, from the causes and on the date stated above.

23a. SIGNATURE **Willie L. ... M.D.** (Degree or title) 23b. ADDRESS **Moberly Mo** 23c. DATE SIGNED **Jan 3 1952**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial** 24b. DATE **Jan 4-1952** 24c. NAME OF CEMETERY OR CREMATORY **St. Josephs Cemetery** 24d. LOCATION (City, town, or county) (State) **Salisbury Mo**

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE **Louis 269** 25. FUNERAL DIRECTOR'S SIGNATURE **Chas B. Winkelman** ADDRESS **Salisbury Mo**

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Chas B Winkelman*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Md*

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.