

THE UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 - 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 90

1. PLACE OF DEATH  
a. COUNTY St. Francois  
b. CITY (If outside corporate limits, write RURAL and give township) OR Bonne Terre  
c. LENGTH OF STAY (in this place) 24 hrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY St. Francois  
c. CITY (If outside corporate limits, write RURAL and give township) OR Farmington,  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) JEFFERSON b. (Middle) CRAIG c. (Last) RASNIC  
4. DATE OF DEATH (Month) (Day) (Year) Feb-25 1953

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Jan 3, 1865 9. AGE (In years last birthday) 88 1 Mo 22 Days

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired Minister 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) Texas County, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Rasnic 13b. MOTHER'S MAIDEN NAME Sarah Farmer 14. NAME OF HUSBAND OR WIFE Bessie Rasnic

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

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic heart disease 20 yrs.  
DUE TO (c) Cardiac asthma 20 yrs.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 4200

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 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 2/24/53, 10 to 2/25/53, 10, that I last saw the deceased alive on 2/25/53, 10, and that death occurred at 7:00P m., from the causes and on the date stated above.

23a. SIGNATURE A. Rowler, M.D. (Degree or title) 23b. ADDRESS Farmington, Mo 23c. DATE SIGNED 2/27/53

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE Feb-28-1953 24c. NAME OF CEMETERY OR CREMATORY Big River Cemetery 24d. LOCATION (City, town, or county) (State) Irondale, Mo

DATE REC'D BY LOCAL REG. Feb 27, 1953 REGISTRAR'S SIGNATURE Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE Sparks F. Home ADDRESS Flat River, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Murphy L. Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flat River, 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.