

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5223

FILED FEB 17 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>29 yrs</u>	
c. CITY OR TOWN <u>Independence</u>		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>7075</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1115 So. Pope</u>		STREET ADDRESS (If rural, give location) <u>1040 W. Orchard</u>	

3. NAME OF DECEASED a. (First) <u>Alice</u> b. (Middle) <u>L</u> c. (Last) <u>RASMUSSEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 7, 1955</u>		
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5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 7, 1867</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>			11. BIRTHPLACE (City and State or foreign country) <u>Greenville, Alabama</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>James Pickens</u>			13b. MOTHER'S MAIDEN NAME <u>Martha E. Cheatham</u>			14. NAME OF HUSBAND OR WIFE <u>Michael Rasmussen</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R.V. Cornell</u>		ADDRESS <u>Indep. Mo.</u>	
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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) <u>Cerebral hemorrhage (Z)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. (?)</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>She died in her sleep</u> DUE TO (c) <u>at about 3:30 PM of the above cause, probably</u>					
		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 <u>331 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 11-16-54, 1954, to Jan. 7, 1955, that I last saw the deceased alive on 1-7-, 1955 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Miller, M.D.</u> (Degree or title)		23b. ADDRESS <u>K. G., Mo.</u>		23c. DATE SIGNED <u>2/7/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-10-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>		ADDRESS <u>Indep. Mo.</u>	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. Kenneth Patterson*

Licensed Embalmer No. *4691*

P. O. Address *Indy. 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.