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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025205
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 759

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Hospital — Length of stay in 1b: 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Greene
c. CITY OR TOWN: Springfield 0396 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1621 W. Lynn — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ASROW — Middle: ALEXANDER — Last: RASDON

4. DATE OF DEATH: Month / Day / Year: July 31, 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: March 15, 1883
9. AGE (In years last birthday): 75 — 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): Retired Peace Officer
10b. KIND OF BUSINESS OR INDUSTRY: City Marshall
11. BIRTHPLACE (City and state or country): Sitka, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Rasdon
13b. MOTHER'S MAIDEN NAME: Sarah (unknown)
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT — Address: James Radon, Great Lakes, U.S. Navy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary artery sclerosis
DUE TO (c): 4201-F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Dislocation left shoulder, rt hip, Multiple facial fractures, right

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One car accident - hit a tree
20c. TIME OF INJURY: 3:30 Hour p.m. — Month, Day, Year: 7-23-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7-23-58, to 7-31-58 and last saw her/him alive on 7-30-58
Death occurred at 11:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank D. Sundstrom M.D.
22b. ADDRESS: Springfield, Mo
22c. DATE SIGNED: 8-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 2, 1958
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Jewell E. Windle Bro — ADDRESS: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 8-6-58
26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Dr., coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

AUG 11 1958

JAN 24 1962

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 Bernard F. Wright

Licensed Embalmer No. 4493

P. O. Address Springfi

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.