

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005602

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 138

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0168

2 01612

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF:

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 11 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)	
a. COUNTY Cape Girardeau		b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		a. STATE Missouri b. COUNTY Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital		Length of stay in 1b 10 days		c. CITY OR TOWN Jackson	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 308 N. Hope		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Roy Middle Earl Last Rastl			4. DATE OF DEATH Month March Day 1 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/16/1901	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months 4 Days 15 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kroger Grocery manager		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Marble Hill, Mo.	
13a. FATHER'S NAME Herman Rastl		13b. MOTHER'S MAIDEN NAME Lillie Masterson Rastl		14. NAME OF HUSBAND OR WIFE Azilee Overbeck Rastl	
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. NONE		17. INFORMANT Azilee Rastl Jackson, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Paralytic Cerebral Stroke Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 				INTERVAL BETWEEN ONSET AND DEATH 8 days 30 1/2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 10:30 a.m. p.m. Month, Day, Year Feb 20-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Jackson COUNTY Missouri STATE Missouri
21. I attended the deceased from Feb 20-63 to Feb 28-63 and last saw him alive on Feb 27-63 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. J. L. Schaefer, M.D.			22b. ADDRESS Jackson, Mo.		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/3/1963	23c. NAME OF CEMETERY OR CREMATOR Russell Heights		23d. LOCATION (City, town, or county) (State) Jackson Missouri
24. FUNERAL DIRECTOR W. Miller		ADDRESS Jackson, Mo.		25. DATE RECD. BY LOCAL REG. 3-9-1963	26. REGISTRAR'S SIGNATURE James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

MAR 13 1963

APR 3 1963

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 J. C. Bond, Student Embalmer No. 672

working under my personal supervision.

Student J. C. Bond, Jr.
Signature of Student Embalmer

Signed E. C. Craught

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.