

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frankclay		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frankclay, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frankclay, Missouri		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) Jane b. (Middle) Jerusha c. (Last) Rasnic			4. DATE OF DEATH (Month) (Day) (Year) May 18 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 31, 1861	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR Months 8 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James Starkey		13b. MOTHER'S MAIDEN NAME Susan Butler		14. NAME OF HUSBAND OR WIFE M. M. Rasnic	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Guy Rasnic Frankclay, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbonom of Lenes		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Scurtily		
	DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1847, to May 18, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Hoffmann	23b. ADDRESS U. Bismarck Mo	23c. DATE SIGNED 5/20/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/21/49	24c. NAME OF CEMETERY OR CREMATORY Sunlight Cemetery
		24d. LOCATION (City, town, or county) (State) Belgrade, Mo.

DATE RECD BY LOCAL REG. May 21, 1949	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bert L. Boyd Leadwood Mo
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CONDITION SUPPLEMENTAL INFORMATION RECEIVED

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

RECEIVED

District Health Officer No. 4

District File Number 649-7

Date Filed 6-1-49

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

William E. Boyer

Student Embalmer No. 229

working under my personal supervision.

Signed William E. Boyer  
Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.