S. No. 300
v. 10-48

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13523

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 159163 PRIMARY REG. DIST. NO. 4249 3031 Registrar's No. 14

050 4

1. PLACE OF DEATH a. COUNTY Jefferson	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DeSoto Mo. c. LENGTH OF STAY (in this place) 11 mounts	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DeSoto 0502
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cedar Grove Nursing Home	d. STREET ADDRESS (If rural, give location) South Second Street

3. NAME OF DECEASED (Type or Print)	a. (First) Laura	b. (Middle)	c. (Last) Rastl	4. DATE OF DEATH (Month) April (Day) 4 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/30/1863	9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jackson Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Tonence	13b. MOTHER'S MAIDEN NAME ? Wallace	14. NAME OF HUSBAND OR WIFE Joseph Rastl		
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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. T. A. Williams DeSoto, Mo. ADDRESS		

MEDICAL CERTIFICATION

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.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Myocarditis, acute	10 days.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Bronchopneumonia.	14 days.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	General infirmities of age.	49 IX

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) m.	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* Jan 1949 *19*____, *to* March 4, 1950, *that I last saw the deceased alive on* March 2, 1950, *and that death occurred at* 6:00 *A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas A. Donnell MD	23b. ADDRESS DeSoto, Mo.	23c. DATE SIGNED 4-6-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/7/1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) DeSoto Mo.		
DATE REC'D BY LOCAL REG. 4-7-50	REGISTRAR'S SIGNATURE Kathleen Marsden	25. FUNERAL DIRECTOR'S SIGNATURE Donnell R. Dedrick ADDRESS DeSoto Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 4-12-50

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 Percy F. Webster, Student Embalmer No. 546, working under my personal supervision.

Signed Percy F. Webster
Student Embalmer

Signed Cornell B. Gretsch
Licensed Embalmer No. 4104
P. O. Address Desoto 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.