

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22331**

FILED AUG 7 1951

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>267</b>		
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>12 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		<b>0164</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2208 Cape Rock Drive</b>				d. STREET ADDRESS (If rural, give location) <b>2208 Cape Rock Drive</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>C.</b> c. (Last) <b>RASCHE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 27, 1951</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 2, 1864</b>		
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>25</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer ret.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Gordonville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Henry Rasche</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Fredericka Rasche</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Leo Rasche Cape Girardeau, Mo.</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>1. Coronary sclerosis</b> DUE TO (c) <b>2. Hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3. Aging process</b>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>					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 <b>7-22-1950</b> , to <b>7-27-1951</b> , that I last saw the deceased alive on <b>7-9-51</b> , 19 <b>51</b> , and that death occurred at <b>11:AM</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Chas. M. Ester, MD</b>				23b. ADDRESS <b>714 1st. Way</b>		23c. DATE SIGNED <b>7/29/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zoin Methodist Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Gordonville, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-29-51</b>		REGISTRAR'S SIGNATURE <b>C. C. Summer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hall's Funeral Home Cape Girardeau, Mo.</b>				

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

**0164**  
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RECEIVED

AUG 6 1951

DISTRICT HEALTH OFFICE No. 6

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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 .....  
Student Embalmer

Signed *Virgil H. Kelch* .....  
Licensed Embalmer No. *4102* .....

P. O. Address *Cape Girardeau, 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.