

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17385

State File No. _____

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4373 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Barnard</u>		c. CRY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard</u> <u>1945</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Rasco</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-1952</u>
--	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-23-1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
--------------------	-------------------------------	---	------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Barnard-Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>Sanders A. Rasco</u>	13b. MOTHER'S MAIDEN NAME <u>Melissa Martin</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. T. Rasco</u>	ADDRESS <u>Barnard-Mo.</u>
--	-------------------------------------	--	----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u> <u>more than 16 years.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Cerebri</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized atherosclerosis</u> DUE TO (c)		
11. 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 <u>Not made</u>	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) (Min.)	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 10 June, 1936, to 25 May, 1952, that I last saw the deceased alive on 25 May, 1952 and that death occurred at 8:05 p. m., from the cause and on the date stated above.

23a. SIGNATURE (Name or title) <u>Chas. J. Humbert M.D.</u>	23b. ADDRESS <u>Barnard, Mo.</u>	23c. DATE SIGNED <u>27 May, 1952</u>
---	----------------------------------	--------------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-28-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barnard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barnard-Missouri</u>
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 29-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elga Breush</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Matchew-Maryville, Mo.</u>	ADDRESS
---	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

740
1

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 *G M Atchison*

Licensed Embalmer No. *3279*

P. O. Address *Maryville - 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.