

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8485

State File No. 8

FILED FEB 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>45-15</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>IOWA</u> b. COUNTY <u>POLK</u>			
b. CITY OR TOWN <u>MILAN</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>2101 CLARK ST DES MOINES IA</u>		d. STREET ADDRESS (If rural, give location) <u>8140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ASSEMBLY OF GOD CH.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>RUTH</u> c. (Last) <u>RASER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 9 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 4 1908</u>		9. AGE (in years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>PENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>SAMUEL BUCKWITER</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN KREIDER</u>		14. NAME OF HUSBAND OR WIFE <u>OSCAR RASER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OSCAR RASER</u> ADDRESS <u>DES MOINES</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombus</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) <u>465X</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. W. Simpson, D.O. Coroner</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Michigan, Mo.</u>		23c. DATE SIGNED <u>2-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DALLAS CENTER</u>		24d. LOCATION (City, town, or county) (State) <u>DALLAS CENTER IOWA</u>		
DATE REC'D BY LOCAL REG <u>Feb. 10-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Higger & Son</u>		ADDRESS <u>Missouri, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1050
3

STATEMENT BY LICENSED EMBALMER

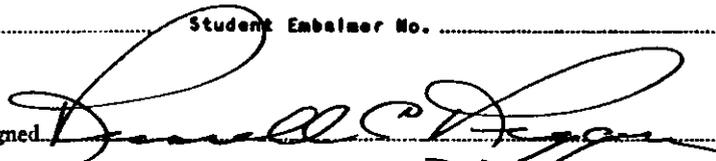
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3792

P. O. Address. Melrose, 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.