

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002220
STATE FILE NUMBER

FILED JAN 15 1959

Station District No. 234

Primary Registration District No.

5816

Registrar's No. 34

300
-57

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside incorporated limits, give TOWNSHIP only) OR TOWN RICHLAND TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RURAL, 0714 RICHLAND TWP
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 MI. N. STOVER		Length of stay in lb 47 YRS.	d. STREET ADDRESS (If outside, give location) 12 MI. N. STOVER
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First ANNIE Middle Last RASA			4. DATE OF DEATH Month JAN. Day 3 Year 1959		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 23, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 9 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) FLORENCE MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME COONRAO GRUPE	13b. MOTHER'S MAIDEN NAME ANNIE LEUTJEN	14. NAME OF HUSBAND OR WIFE GUS RASA
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT RAYMOND RASA	Address FLORENCE MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Cardiac Decongestion	30 min.
	DUE TO (c) Generalized Arteriosclerosis	years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION VERSAILLES, MO.	COUNTY MORGAN	STATE MO.
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21. I attended the deceased from 1954 to Jan 3, 1959 and last saw ^{her} alive on 12-29-58 Death occurred at 2:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE Ray Lyle, M.D.	22b. ADDRESS Versailles, Mo.	22c. DATE SIGNED 1-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 6 1959	23c. NAME OF CEMETERY OR CREMATORY FLORENCE CEMETERY	23d. LOCATION (City, town, or county) (State) MORGAN COUNTY MO.
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24. FUNERAL DIRECTOR J. Steverson	ADDRESS Cover Mo.	25. DATE RECD. BY LOCAL REG. Jan. 12 1959	26. REGISTRAR'S SIGNATURE Wm L. Rippeger
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4073

P. O. Address Stover, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.