

**ORDER: APPROVE CREMATION OF DECEASED MALE AS PROVIDED IN
SECTION 41-39-7 OF THE MISSISSIPPI CODE**

Motion was made by Mike Roberts, duly seconded by David Rikard, to approve cremation of deceased male as provided in Section 41-39-7 of the Mississippi Code.

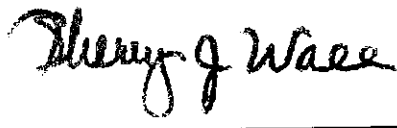
The vote on the motion was as follows:

Supervisor Kevin Frye, voted yes
Supervisor Jeff Busby, voted yes
Supervisor David Rikard, voted yes
Supervisor Chad McLarty, voted yes
Supervisor Mike Roberts, voted yes

After the vote, President Busby, declared the motion carried, this the 4th day of February, 2019.



Jeff Busby, President
Board of Supervisors



Sherry Wall, Chancery Clerk

LAFAYETTE COUNTY CORONER

300 NORTH LAMAR, OXFORD, MISSISSIPPI 38655

OFFICE (662)234-8737 FAX (662)232-2447

coroner@lafayettecoms.com

ROCKY KENNEDY, CMEI
(662)801-4985

January 30, 2019

Board of Supervisors
Lafayette County, Mississippi


To Whom It May Concern:

On January 19, 2019 Charles Rasberry, a 65 year old African American Male, died in the ER of Baptist Memorial Hospital North Mississippi in Oxford. At the initial time of his death, his legal next of kin was unknown.

At the time of death, Rasberry was living in a van at 2A CR 1052, Oxford, Mississippi. In the course of my investigation I was able to locate various out of state family members for Mr. Rasberry, who over the previous ten days have declined to assume legal responsibility and custody for the final disposition of said deceased remains. In accordance with Mississippi Code 41-39-5, Disposition of Unclaimed Dead Bodies, this letter shall serve as written notice to the Lafayette County Board of Supervisors to request action for allocation of funds and the subsequent possession for final disposition of said unclaimed remains.

Within five days of aforementioned written notification to the Board, in its discretion and where otherwise permitted to do so by law, the board of supervisors may direct the disposition of the dead body or portion thereof as provided by Section 41-39-7. The expense of such preservation shall be borne as herein above provided with respect to the expense of cremation.

Regards,

A handwritten signature in black ink, appearing to read 'Rocky Kennedy', written over a horizontal line.

Rocky Kennedy, CMEI

FILING
DATE

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE
NUMBER

123-

1. DECEDENT'S LEGAL NAME (First, Middle, Last) CHARLES RASBERRY		2. SEX MALE	3a. HOUR OF DEATH 06:27 PM	3b. DATE OF DEATH (Month, Day, Year) 01/19/2019
4. RACE (Check one or more to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) _____ <input type="checkbox"/> Other (Specify) _____				
5a. AGE AT DEATH (Month, Day, Year) 65	5b. ONLY IF UNDER 1 YEAR 5c. DAYS 5d. HOURS 5e. MINS	6. DATE OF BIRTH (Month, Day, Year) 09/06/1953	7. BIRTH PLACE (State or Foreign Country) AR - ARKANSAS	
8. PLACE OF DEATH (Check one box) <input checked="" type="checkbox"/> In a hospital <input type="checkbox"/> Inpatient hospice facility <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____		9a. FACILITY NAME (If not a facility, give street address, route number, or other location) BAPTIST MEMORIAL HOSPITAL NORTH MISSISSIPPI (360)		
9b. CITY, TOWN OR LOCATION OF DEATH OXFORD		9c. ZIP CODE 38655	9d. COUNTY OF DEATH LAFAYETTE	
10. DECEDENT'S EDUCATION (Check the box that describes the highest degree or level of school completed at time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade <input type="checkbox"/> High school graduate or GED Completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MS, MEd, MEng, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				
11. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		12. SURVIVING SPOUSE (If wife, give maiden name)		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO
14. DECEDENT OF HISPANIC ORIGIN? Check the box that describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican/American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino, (Specify) _____				
15. SOCIAL SECURITY NUMBER 430-88-5027		16a. USUAL OCCUPATION (What work done most of working life) LAWN CARE		16b. KIND OF BUSINESS OR INDUSTRY LAWN CARE
17a. RESIDENCE - STATE MS - MISSISSIPPI	17b. COUNTY LAFAYETTE	17c. CITY OR TOWN OXFORD	17d. ZIP CODE 38655	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number) 2A COUNTY ROAD 1052
18. FATHER'S NAME (First, Middle, Last) ROBERT RASBERRY SR		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) WILLIE MAE DIXON		
20a. INFORMANT - NAME (Type or print) ROCKY KENNEDY - LAFAYETTE CMEI		20b. RELATIONSHIP TO DECEDENT OTHER		
21a. DISPOSITION OF BODY (Specify, Burial, Cremation, Removal, etc.) CREMATION		21b. CEMETERY/CREMATORY - NAME OXFORD, MISSISSIPPI		21c. LOCATION (City and State) OXFORD, MISSISSIPPI
22a. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER NONE		22b. FUNERAL HOME (Who first assumed custody of body) UNCLAIMED REMAINS		
22c. FUNERAL HOME LICENSE NUMBER		22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)		
22e. FUNERAL HOME (If body was transferred prior to disposition)		22f. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)		
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) DR MICHAEL KOURY		23b. PRONOUNCED DEAD (Month, Day, Year) ON 01/18/2019		23c. PRONOUNCED DEAD (Time) AT 06:27 PM m
24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print) ROCKY KENNEDY		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 300 N LAMAR, OXFORD, MS 38655		
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 25b. DATE SIGNED (Month, Day, Year) 25c. STATE LICENSE NUMBER 25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 25f. TITLE LAFAYETTE COUNTY CORONER 25g. DATE SIGNED (Month, Day, Year) JANUARY 19, 2019		
26. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.				
IMMEDIATE CAUSE (final disease or condition resulting in death)		(a) CARDIAC ARREST		Interval between onset and death MINUTES
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): ACUTE CEREBROVASCULAR ACCIDENT		MINUTES
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): HYPERTENSIVE CEREBROVASCULAR DISEASE		YEARS
		(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): LATE EFFECT INTRACRANIAL HEMORRHAGE, VALVULAR HEART DISEASE		
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		28a. AUTOPSY (Yes or No) NO		28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH (Yes or No) NO
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> Unknown if pregnant within the past year		
32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		32f. INJURY AT WORK (Yes or No)		
32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		32h. LOCATION Street or route number City or town State		

Informant Signature:

Case File Number: 2019/002291

Date:

No. of copies to be ordered:

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ROCKY KENNEDY, OMBI
(662)801-4085

Contacts

Charles Rasberry Investigation

Robert Rasberry, Brother

(414)355-3652

8585 N. 56th Street

Milwaukee, WI 53223

-main contact

Mark Anthony Ward, Nephew

(414)439-4835

-he is the beneficiary of account at Woodforest Bank

-he has agreed to release the funds from the bank account for cremation costs

Harry Smith, Friend

(662)816-5601

-Charles Rasberry lived in a van on Mr. Smith's property in Oxford