

No. 300
10.48

FILED JUL 30 1949

STANDARD CERTIFICATE OF DEATH

State File No. **22892**

26

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

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 4562		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Cole <i>St. Thomas Town</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY OR TOWN St. Thomas, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Thomas, Mo.		d. STREET ADDRESS (If rural, give location) St. Thomas, Mo.	
3. NAME OF DECEASED (Type or Print) John Gerard Rackers				a. (First)		b. (Middle)	
4. DATE OF DEATH July 14, 1949				c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 12, 1858	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own		9. AGE (In years last birthday) 92	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bernard H. Rackers		13b. MOTHER'S MAIDEN NAME Anna Mueller		14. NAME OF HUSBAND OR WIFE Mary Rackers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Herman Nilges			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				4 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.						4331	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 10, 1949 , to July 14, 1949 , that I last saw the deceased alive on July 12, 1949 , and that death occurred at 8:35A m. from the causes and on the date stated above.							
23a. SIGNATURE S. W. Loston D.O.				23b. ADDRESS 2nd mo.		23c. DATE SIGNED 7-15-49	
24a. BURIAL, CREMATION; REMOVAL (Specify) Burial		24b. DATE 7-16-49		24c. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery		24d. LOCATION (City, town, or county) (State) St. Thomas, Mo.	
DATE REC'D BY LOCAL REG. July 18-1949		REGISTRAR'S SIGNATURE R.P. Davis		25. FUNERAL DIRECTOR'S SIGNATURE Victor Breuchy Jefferson		ADDRESS Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 25 1919
District Health Officer No. 9,
District File Number

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. 315

working under my personal supervision.

Student Lill Bronson
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 2701

P. O. Address Jefferson City 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.