

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 24 1949 STANDARD CERTIFICATE OF DEATH

State File No. **26476**

BIRTH NO. **48122-49** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **200**

1. PLACE OF DEATH a. COUNTY Missouri Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY Cole 26	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) RR #3 Liberty Township	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Jefferson City, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EUGENIE b. (Middle) RACKERS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug 16, 1949	
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5. SEX Male		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug. 16, 1949		9. AGE (In years last birthday) 0 MONTHS 0 DAYS 1		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Jefferson City, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Vernon Rackers		13b. MOTHER'S MAIDEN NAME Missie Schmitz		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Vernon Rackers, J.E. Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis, massive, due to aspiration of amniotic fluid and meconium. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intra-cranial injury due to cerebral anoxia (cord was wrapped tightly around neck) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 19 hrs. 19 hrs. 7620	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Aug. 16, 1949, to Aug. 16, 1949, that I last saw the deceased alive on Aug. 16, 1949, and that death occurred at 11:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE John J. Dematt, M.D. (Degree or title)		23b. ADDRESS 507 E. High, Jefferson City, Mo.		23c. DATE SIGNED 8/17/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 18, 1949		24c. NAME OF CEMETERY OR CREMATOR St. Francis Xavier, Lad., Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. Aug. 18-1949		REGISTRAR'S SIGNATURE R.P. Harris, MD - NR. 0		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle, J.C. Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9)
AUG 22 1949
RECEIVED

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 *Sylvester Dulle* _____

Licensed Embalmer No. *4321* _____

P. O. Address *Jefferson City* _____

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.