

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19756

State File No. ....

No. 300

10. 48

1264

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u>	
c. LENGTH OF STAY (in this place) <u>30 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>1118 E. High</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1118 E. High</u>		d. STREET ADDRESS (If rural, give location) <u>1118 E. High</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>BERNARD</u> c. (Last) <u>RACKER</u>			4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, MARRIED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 25, 1871</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Month <u>4</u> Day <u>19</u> Hours <u>19</u> Min.	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Month <u>4</u> Day <u>19</u> Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Paos, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Christine Racker</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Christine Racker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>        </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Racker</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Racker</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thromboses</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Emphysema</u> 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"/>		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)		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?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 14, 1950</u> , to <u>June 14, 1950</u> , that I last saw the deceased alive on <u>June 14, 1950</u> , and that death occurred at <u>1:30 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Osman</u>		23b. ADDRESS <u>Jeff. City - Mo</u>	
23c. DATE SIGNED <u>6-16-50</u>		23c. DATE SIGNED <u>6-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Xavier</u>		24d. LOCATION (City, town, or county) (State) <u>Paos, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 17, 1950</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris MD - MR.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester L. Dulle</u>		ADDRESS <u>J. C. Mo.</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED  
JUN 23 1954  
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

*Donay K. James*

Student Embalmer No. *374*

working under my personal supervision.

Signed

*Sylvester Dulle*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4321*

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.