

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33033

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 238

264

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

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If different: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>	
b. CITY OR TOWN <i>Jefferson City Mo</i>	c. LENGTH OF STAY (in this place) <i>4 Days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jefferson City Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Mary Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>420 Clark Ave. 0264</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) _____ c. (Last) <i>RACKERS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 22, 1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov 22, 1866</i>
9. AGE (In years last birthday) <i>83</i>		<i>11</i>	<i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Jesse, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Herman Rackus</i>		13b. MOTHER'S MARDEN NAME <i>Elizabeth</i>	14. NAME OF MARRIAGE OR WIFE <i>Elizabeth Schenberg</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>J. C. Tho</i>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Cardioroscular</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. 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. <i>Arteriosclerosis</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) m.	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 <i>Jan</i> , 19 <i>44</i> , to <i>Oct 22</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Oct 22</i> , 19 <i>50</i> , and that death occurred at <i>12</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. O. Taylor M.D.</i>		23b. ADDRESS <i>Jefferson City, Mo</i>	23c. DATE SIGNED <i>10-24-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct. 25, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>	24d. LOCATION (City, town, or county) (State) <i>J. C. Mo.</i>
DATE REC'D BY LOCAL REG. <i>Oct 24 - 1950</i>	REGISTRAR'S SIGNATURE <i>R. P. Davis MD - MR</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sylvester Suller</i>	ADDRESS <i>J. C. Mo.</i>

RECEIVED *11/2/50*

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed *11/2/50*

NOV 27 1950

NOV 1 1950

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 \_\_\_\_\_

*Domen H. James*

Student Embalmer No. *374*

working under my personal supervision.

Student *Domen H. James*  
Student Embalmer

Signed *Sylvester Dulle*

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.