

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35953

BIRTH NO.		REG. DIST. NO. 354		PRIMARY REG. DIST. NO. 6199		Registrar's No. 44											
1. PLACE OF DEATH a. COUNTY <u>DEKALB TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DODGE</u>													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON TWP.</u>		c. LENGTH OF STAY (in this place) <u>4296.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON TWP. 1070</u>													
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>													
3. NAME OF DECEASED (Type or Print) <u>JOHN WASHINGTON RACKLEY</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 6, 1950</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>7/10/1898</u>		9. AGE (In years) (last birthday) <u>52</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>GILMER CO., GA.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>JOHN RACKLEY</u>				13b. MOTHER'S MAIDEN NAME <u>JANE TEEN</u>				14. NAME OF HUSBAND OR WIFE <u>MARY MAUD RACKLEY</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>BRANT RACKLEY</u>				ADDRESS <u>GABOOL</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary infarct in Aug-50</u> DUE TO (c) <u>Cardiovascular sclerosis with hypertension in 400</u>								INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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) (Min.)		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 <u>Oct 6, 1950</u> , to <u>Oct 6, 1950</u> , that I last saw the deceased alive on <u>Oct 6, 1950</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>H. L. Beach</u> (Degree or title)						23b. ADDRESS <u>Cabool, Mo</u>				23c. DATE SIGNED <u>10/9/50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PINE FLAT CEM. TEXAS CO.</u>				24d. LOCATION (City, town, or county) (State) <u>MO.</u>									
DATE REC'D BY LOCAL REG. <u>10-11-50</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u> 325				25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyford V. Elliott</u>				ADDRESS <u>Cabool</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

070

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield  
RECEIVED OCT 16 1950  
Dist. File 1052-2109  
Date Filed 10-16-50

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed *James L. Gentry*

Licensed Embalmer No. *4718*

P. O. Address *Calcool, 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.