

FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7829

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. R. 3 J. C. MO.		c. LENGTH OF STAY (In this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R R 3 JEFFERSON CITY, MO.		
d. FULL NAME OF HOSPITAL OR INSTITUTION LIBERTY TOWNSHIP			d. STREET ADDRESS (If rural, give location) LIBERTY TOWNSHIP 0260		

3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)	b. (Middle)	c. (Last) RACKERS	4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1952		
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5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 13, 1856	9. AGE (In years last birthday) 95	If UNDER 1 YEAR Months 5	If UNDER 2 HRS. Hours 20	If UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TAOS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME BERNARD RACKERS		13b. MOTHER'S MAIDEN NAME MARY CATHERINE TALKEN		14. NAME OF HUSBAND OR WIFE MARY VEIT	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME W.A. Rackers		ADDRESS J. C. MO	
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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) Myocardial Failure	DUE TO (b) Atherosclerotic Heart Disease			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) Senility			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fractured left hip Dec 21 1951			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200 F		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 21, 1951 to Mar 13, 1952, that I last saw the deceased alive on Mar 12, 1952, and that death occurred at 12:50 AM from the causes and on the date stated above.

23a. SIGNATURE J.W. Osaman (Degree or title) MD	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 3/14/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 15, 1952	24c. NAME OF CEMETERY OR CREMATORY TAOS	24d. LOCATION (City, town, or county) (State) TAOS, MO.
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DATE REC'D BY LOCAL REG. March 12-1952	REGISTRAR'S SIGNATURE R.P. Harris MD	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS C. MO.
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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 Lybrista 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.