

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**31110**

No. 300  
10.48

State File No. ....

**FILED OCT 3 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 238

260  
1

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>COLE</u> b. 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>25 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. # 5</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u> d. STREET ADDRESS (If rural, give location) <u>R. R. # 5</u>	
---	--	---	--

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ANNA</u> b. (Middle) _____ c. (Last) <u>RACKERS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>SEPT. 26, 1952</u>				
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>DEC. 26, 1905</u>	<b>9. AGE</b> (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>LINN, MO.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>HERMAN MAASEN</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>KATHERINE NILGES</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>ED H. RACKERS</u>
---	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>ED. H. RACKERS J. C. MO.</u>	
---	---	---	--

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Melanotic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer Breast.</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
--	---	--	---

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>170X</u>	
---	---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
--	--	-----------------------------------	--

**22. I hereby certify that I attended the deceased from April 25, 1928, to Sept 26, 1952 that I last saw the deceased alive on Sept 26, 1952 and that death occurred at 2:45 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Edo Marawi M.D.</u>	<b>23b. ADDRESS</b> <u>Jefferson City, MO</u>	<b>23c. DATE SIGNED</b> <u>9-20-52</u>
---	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>SEPT. 29, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>RESURRECTION</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>
---	---	--	--

<b>DATE REC'D BY LOCAL REG.</b> <u>Sept 29-1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>R.P. Davis M.D. - MR.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Sylvester Lulle J. C. MO.</u>	
--	--	---	--

---

---

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, 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.