

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 778

JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5305 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: 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>R. R. # 3 - Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R R # 3 - Jefferson City, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LIBERTY TOWNSHIP - Home</u>		d. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>MARIE</u> c. (Last) <u>RACKERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 6, 1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 29, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>72</u> <input type="checkbox"/> UNDER 1 YEAR <u>5</u> <input type="checkbox"/> UNDER 1 MONTH <u>7</u> <input type="checkbox"/> UNDER 1 HRS. _____
11. BIRTHPLACE (State or foreign country) <u>TAOS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BERNARD J. BRUNS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TAUBE</u>	14. NAME OF HUSBAND OR WIFE <u>BERNARD F. RACKERS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CLARENCE HOFFMEYER J. C. M</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4200</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"/>
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) _____	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>9-12-52</u> , to <u>Jan 6, 1953</u> , that I last saw the deceased alive on <u>Jan 6, 1953</u> , and that death occurred at <u>12:10 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Kanigawa</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1 Wallingford Bldg.</u>	23c. DATE SIGNED <u>1/7/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST FRANCIS XAVIER</u>	24d. LOCATION (City, town, or county) (State) <u>TAOS, MO.</u>
DATE REC'D BY LOCAL REG. <u>Jan 7-1953</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis MD-MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynette Dulle</u>	ADDRESS <u>J. C. M.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

260
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11-11-28 1961

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

Sydney 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.