

FILED JAN 25 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 157
3

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Dent County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spring Creek	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural Doss Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Doss, Missouri		e. STREET ADDRESS (If rural, give location) 9330 XX	

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Thomas c. (Last) Rackley			4. DATE OF DEATH (Month) (Day) (Year) 12/15/54		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 15 1880		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Timber-cutting	11. BIRTHPLACE (City and State or Foreign Country) Oregon Co Mo		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Judson Rackley	13b. MOTHER'S MAIDEN NAME Delphia Williams	14. NAME OF HUSBAND OR WIFE Eronia Hand Rackley
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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 X	16. SOCIAL SECURITY NO. 497-09-6989	17. INFORMANT'S SIGNATURE OR NAME Mrs Eronia Rackley Doss Mo		ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cardio-vascular-renal disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ess. Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1-10-54, 19__, to 1-15-54, 19__, that I last saw the deceased alive on 1-15-54, 19__, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Dr. Joseph R. Burnett, D.O.	23b. ADDRESS Salem, Mo	23c. DATE SIGNED 1-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/17/54	24c. NAME OF CEMETERY OR CREMATORY Bardey Cemetary	24d. LOCATION (City, town, or county) (State) Bardy Mo.
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DATE REC'D BY LOCAL REG. 1-16-54	REGISTRAR'S SIGNATURE M.M. Hart, M.D. by Mrs. J. K. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Carl K. Spencer

Licensed Embalmer No. 93

P. O. Address *John*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**