No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9229

FILED MAR 30 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 46

0532 0

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon, Missouri
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon 0532
d. STREET ADDRESS (If rural, give location): 115 Meadowlawn

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): Mae
c. (Last): Rakestraw

4. DATE OF DEATH (Month) (Day) (Year): March 22 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 23, 1904
9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Hope, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Earnest Tilton
13b. MOTHER'S MAIDEN NAME: Rosa Wright
14. NAME OF HUSBAND OR WIFE: H. D. Rakestraw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-32-9834
17. INFORMANT'S SIGNATURE OR NAME: H. D. Rakestraw
ADDRESS: LEBANON, MO

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) Acute monocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 2042
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1953, *to* ~~March 22~~ 1954, *that I last saw the deceased alive on* Mar 22, 1954, *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE F. H. Johnson (Degree or title) MD-4
23b. ADDRESS Lebanon, Mo
23c. DATE SIGNED 3-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-25-54
24c. NAME OF CEMETERY OR CREMATORY: Confederate
24d. LOCATION (City, town, or county) (State): Alvin, Texas

DATE REC'D BY LOCAL REG.: 3-25-1954
REGISTRAR'S SIGNATURE: Nella L. Clay 424-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. R. Palmer
ADDRESS: Lebanon, Mo

(Licensed Embalmer's Statement on Reverse Side)

Received MAR 29 1954
Laclede County Health Unit
File No. 3-54-48
Date Filed MAR 29 1954

APR 6

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 .....

..... working under my personal supervision.

Student Embalmer No. .....

Signed Stanley R. Palmer

Signed .....
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.