

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 186
REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 186

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

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY Cole (Osage Junc)
b. CITY (If outside corporate limits, write RURAL and give township) Wardsville
c. LENGTH OF STAY (In this place) 64 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Wardsville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Wardsville
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Wardsville 826.0

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA b. (Middle) MARIE c. (Last) RACKERS
4. DATE OF DEATH (Month) (Day) (Year) July 7, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 2, 1869 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months 11 Days 5 IF UNDER 24 HRS. Hours 5 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Westphalia, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME August Schepers 13b. MOTHER'S MAIDEN NAME Elizabeth Castrop 14. NAME OF HUSBAND OR WIFE Herman Rackers

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. nonw
17. INFORMANT'S SIGNATURE OR NAME Ella Rackers ADDRESS Wardsville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale
ANTECEDENT CAUSES DUE TO (b) Kyphoscoliosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia - terminal

INTERVAL BETWEEN ONSET AND DEATH
4 yr
8 yr
5 days

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4340
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) _____ 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 10-13, 1951, to 7-7, 1954, that I last saw the deceased alive on 7-7, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE John J. Hatcher MD (Degree or title) 23b. ADDRESS 425 Madison 23c. DATE SIGNED July 9, 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 10, 1954 24c. NAME OF CEMETERY OR CREMATORY St. Stanislaus 24d. LOCATION (City, town, or county) Wardsville, Mo. (State) _____

DATE REC'D BY LOCAL REG. July 9-1954 REGISTRAR'S SIGNATURE R. P. Davis MD MR 25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle ADDRESS J. C. Mo.

AUG 25 1954

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.....
Sylvester Quill

Licensed Embalmer No. 430

P. O. Address.....
Jefferson

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.