

FILED SEP 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26769**

BIRTH NO. _____ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **96**

1. PLACE OF DEATH
a. COUNTY **Johnson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Johnson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Warrensburg**

c. CITY OR TOWN **Warrensburg**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Warrensburg Medical Center**

e. STREET ADDRESS (If rural, give location) **210 West Gay Street** **0510**

3. NAME OF DECEASED (Type or Print)
a. (First) **Rolla** b. (Middle) **Ransom** c. (Last) **Raker**

4. DATE OF DEATH (Month) (Day) (Year) **Sept. 1, 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **May 26, 1888**

9. AGE (In years last birthday) **67** 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) **Retired Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Grain & Stock**

11. BIRTHPLACE (City and State or Foreign Country) **Johnson County, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joseph Clay Raker**

13b. MOTHER'S MAIDEN NAME **Elizabeth L. Hall**

14. NAME OF HUSBAND OR WIFE **Dora D. Raker**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. R.R. Raker, Warrensburg, 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) **Myocardial Infarction**
ANTECEDENT CAUSES DUE TO (b) **Coronary Occlusion**
DUE TO (c) **Hypertensive Cardiovascular Disease**
II. OTHER SIGNIFICANT CONDITIONS **Parkinson's Disease**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **24 hours**
24 hours
7 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

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 **July, 1953, to August 1, 1955**, that I last saw the deceased alive on **9-1-1955**, and that death occurred at **4:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Keith D. Jones, MD**

23b. ADDRESS **Warrensburg, Mo.**

23c. DATE SIGNED **9-3-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Sept. 3, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Hill**

24d. LOCATION (City, town, or county) (State) **Warrensburg, Missouri**

DATE REC'D BY LOCAL REG. **Sept. 3, 1955**

REGISTRAR'S SIGNATURE **Savannah Cuthbert**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Sweeney Phillips, Warrensburg, Mo**

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

SEP 6 1955
JOHNSON COUNTY HEALTH DEPT.

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

John P. Rodgers

Licensed Embalmer No. 496

P. O. Address *Warren*

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.