

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31234
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 304

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, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY, MO.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>JEFFERSON CITY</u>		0264 0	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>400 Block</u>			Length of stay in lb	d. STREET ADDRESS <u>605 Beck Str</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>EMIL JOSEPH RACKERS</u>				Madison Str. Middle Last	4. DATE OF DEATH <u>SEPT. 17, 1957</u>		Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 8, 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man St</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Office Bldg.</u>	11. BIRTHPLACE (City and state or country) <u>Taos, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry H Rackers</u>				14. MOTHER'S MAIDEN NAME <u>Caroline Roling</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>193-34-1324</u>		17. INFORMANT Address <u>Mrs Josephine Rackers, J C Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Occlusion</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>(Dr. Macaulay) his family physician</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>J</u>							INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY <u>9:00 a.m. 9-17-57</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>400 Block Madison St</u>		20f. CITY, TOWN, OR LOCATION <u>Jefferson City</u>		COUNTY <u>Cole</u>	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>About 9 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Clatus Fells, Cole County Coroner</u>				22b. ADDRESS <u>630 Adams St Jefferson City, Mo.</u>		22c. DATE SIGNED <u>9/19/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/20/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Margaret</u>		23d. LOCATION (City, town, or county) <u>Osage Bend, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Sylvester Fulle</u>			ADDRESS <u>J C Mo</u>	25. DATE RECD. BY LOCAL REG. <u>20 Sept - 1957</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Harris, MD MR.</u>	

No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 18 1957

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
Sebastian Quill

Licensed Embalmer No.

P. O. Address
Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.