

Health, Welfare
Public
Service

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

35224

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 330

300
1-56

Health, Welfare, Public Service
No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cole		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		a. STATE Missouri b. COUNTY Cole		c. CITY OR TOWN JEFFERSON CITY, MO	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JEFFERSON CITY, MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		Length of stay in lb		d. STREET ADDRESS R R # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JEROME		Middle HENRY		Last RACKERS		Month Day Year OCT. 14, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1921	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Day 13	Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Osage Bend, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Theodore Rackers				14. MOTHER'S MAIDEN NAME Katherine Rackers			
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. 487-28-107B		17. INFORMANT Mrs Jerome Rackers Jefferson City			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <i>hemorrhage (massive)</i>						4 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Bleeding duodenal ulcer</i>						4 day	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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		20d. INJURY OCCURRED					
Hour Month, Day, Year		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
a. m. p. m.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		Jefferson City, Mo.			
21. I attended the deceased from <i>Oct 7, 1957</i> to <i>Oct 14</i> and last saw <i>him</i> alive on <i>Oct 14/57</i>							
Death occurred at <i>8:30 P. M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <i>Reese A Daylor M.D.</i>				22b. ADDRESS <i>Jefferson City, Mo</i>		22c. DATE SIGNED <i>10-18-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>10/24/57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>		23d. LOCATION (City, town or county) (State) <i>Jefferson City, Mo.</i>	
24. FUNERAL DIRECTOR <i>Lybster Bull</i> ADDRESS <i>J C Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>18 Oct 1957</i>		26. REGISTRAR'S SIGNATURE <i>R. F. Harris, MD MR</i>	

OCT 23 1957

NOV 19 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 *Sybilster Dulle*

Licensed Embalmer No. *43*

P. O. Address *Jefferson Co*

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