

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035859

STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 310

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City, Mo.</b>		c. CITY OR TOWN <b>Jefferson City, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>211 W Cedar</b>	
3. NAME OF DECEASED (Type or print) First <b>ELIZABETH</b> Middle <b>MARY</b> Last <b>RACKERS</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>23</b> Year <b>1958</b>	
5. SEX <b>F male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 25, 1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years and months) <b>87</b>
11. BIRTHPLACE (City and state or country) <b>Stringtown, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Michael Honey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Antweiler</b>	
14. NAME OF HUSBAND OR WIFE <b>Herman Rackers</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Michael Rackers J C Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Fractured hip</b> DUE TO (c) <b>Basal Cell Carcinoma of face &amp; Metastatic to hip</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>140</b>
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 if of high 18.) <b>Fell at home</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Jefferson City Cole Mo</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 121 COUNTY STATE <b>Jefferson City Cole Mo</b>	
21. I attended the deceased from <b>1959 12:30 P M</b> and last saw her alive on <b>Oct 23 1958</b> from the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William B. Cox M.D.</b>		22b. ADDRESS <b>125 E. 1st St. Jefferson City</b>	
22c. DATE SIGNED <b>Oct 25 1958</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/25/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	23d. LOCATION (City, town, county) (State) <b>Jefferson City, Mo.</b>
24. FUNERAL DIRECTOR <b>Sylvia Gulle</b>		25. DATE RECD. BY LOCAL REG. <b>27 October 1958</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Norris, MA-MR.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Dulle* .....

Licensed Embalmer No. *4301*  
P. O. Address *Jefferson City*

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.