Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012750
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN Jefferson City, Mo. — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1224 Carter Str — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Cole
c. CITY OR TOWN Jefferson City, Mo. 0264 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1224 Carter Str — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle — Last RACKERS

4. DATE OF DEATH Month APRIL Day 19 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH July 10, 1916
9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Portland, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Emil J Rackers
13b. MOTHER'S MAIDEN NAME Josie M Koetting
14. NAME OF HUSBAND OR WIFE Lotie Marie Branch

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. 498-05-5758
17. INFORMANT Mrs. Lawrence Rackers Address J C Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — 7 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3 AM, to April 19/59 I last saw him alive on 4-19-59
Death occurred at 4-19-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leon A Sayler (Degree or title)
22b. ADDRESS Jefferson City
22c. DATE SIGNED 4-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/22/59
23c. NAME OF CEMETERY OR CREMATORY Resurrection
23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

24. FUNERAL DIRECTOR Sylvester Quille ADDRESS J C Mo.
25. DATE RECD. BY LOCAL REG. 22 April 1959
26. REGISTRAR'S SIGNATURE R. P. Morris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS APR 25 1960

VS APR 25 1960

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. 4321

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.