

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025904

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 163

FILED AUG 8 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Hallsville	
Length of stay in 1b 1 Yr.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Coldwell Nursing Home		d. STREET ADDRESS (If outside, give location) Hallsville	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) HERMAN AUGUST RACKERS			4. DATE OF DEATH Month July Day 24 , Year 1962
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/8/1885
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 77 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Repairs		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) St. Thomas, Mo.
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Rackers		13b. MOTHER'S MAIDEN NAME Mary Rolling	14. NAME OF HUSBAND OR WIFE Christine Rackers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		17. INFORMANT Address Mrs. Hugo Wieberg - Mexico, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the Prostate			
DUE TO (c) Sarcoid			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour 4:15 Month, Day, Year 7-24-62			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 7-24-62 to 7-24-62 and last saw her/him alive on 7-24-62 Death occurred at 4:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. A. Gerrell DO (Degree, or title)		22b. ADDRESS Mexico Mo	22c. DATE SIGNED 7-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/25/62	23c. NAME OF CEMETERY OR CREMATORY St. Thomas	23d. LOCATION (City, town, or county) (State) St. Thomas, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home - Mexco, Mo.		25. DATE RECD. BY LOCAL REG. July 28-1962	26. REGISTRAR'S SIGNATURE Blanche Heely

USE BLACK INK OR

TYPEWRITER RIBBON
H. A. Coldwell DO

Permit issued
7/28/62

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 Harrold E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico, Mo.

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.