

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33111

| | | | | | | | | | |
|--|----------------------------|--|--|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>5</u> | | PRIMARY REG. DIST. NO. <u>5403</u> | | Registrar's No. <u>58</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Douglas</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Twp</u> | | c. LENGTH OF STAY (in this place) <u>40 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Twp</u> | | d. STREET ADDRESS (If rural, give location) <u>0340</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> | | | b. (Middle) <u>Maud</u> | | c. (Last) <u>RACKLEY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 1950</u> | | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug 3 1881</u> | | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 6 MINS. Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Washington Co. Va.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Robinson Latham</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ireland</u> | | 14. NAME OF HUSBAND OR WIFE <u>John W. Rackley</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Brant Rackley</u> | | ADDRESS <u>Cabool Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Many years</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> | | | | DUE TO (b) _____ | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | <u>443X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 1946</u> , to <u>Oct 1950</u> , that I last saw the deceased alive on <u>Sept 4, 1950</u> , and that death occurred at <u>4:00</u> p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Garrett Long French</u> | | | | 23b. ADDRESS <u>Cabool, Mo.</u> | | 23c. DATE SIGNED <u>Oct 14/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 16-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pine Flatts</u> | | 24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG <u>Oct 24-50</u> | | REGISTRAR'S SIGNATURE <u>Wesley Bushman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Daymond W. Elliott</u> | | ADDRESS <u>Cabool Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 30 1950

Dist. File 1050-2185-

Date Filed 10-30-50

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.

Signed _____
Student Embalmer

Signed

James L. Gentry

Licensed Embalmer No.

4718

P. O. Address

Calood, 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 this body is not embalmed, fact should be so stated above.