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

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9717

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6044 Registrar's No. 193

1. PLACE OF DEATH
 a. COUNTY: Ripley
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BARDLEY PINE TWP
 c. LENGTH OF STAY (in this place): 1 YEAR
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE: MISSOURI b. COUNTY: Ripley
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BARDLEY PINE TWP
 d. STREET ADDRESS (If rural, give location): 0918

3. NAME OF DECEASED (Type or Print)
 a. (First): JAMES b. (Middle): RILEY c. (Last): RACKLEY
 4. DATE OF DEATH (Month) (Day) (Year): 2-20-1951

5. SEX: M 6. COLOR OR RACE: W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
 8. DATE OF BIRTH: 6-15-1880 9. AGE (In years last birthday) if UNDER 1 YEAR: 70 Months: 8 Days: 5 Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
 10b. KIND OF BUSINESS OR INDUSTRY: -
 11. BIRTHPLACE (State or foreign country): OREGON COUNTY MO
 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DOCK JOHNSON RACKLEY
 13b. MOTHER'S MAIDEN NAME: MARY WILLIAMS
 14. NAME OF HUSBAND OR WIFE: HENA RACKLEY

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.: No
 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: MR NORRIS RACKLEY 2027 CHURCH ST ST LOUIS MO

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
 ANTECEDENT CAUSES DUE TO (b) Arterial Hypertension 10 years
 DUE TO (c) Arteriosclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION: _____ 19b. MAJOR FINDINGS OF OPERATION: _____ 20. AUTOPSY? YES NO

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) (Minute): _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?: _____

22. I hereby certify that I attended the deceased from 2-16, 1951, to 2/20, 1951, that I last saw the deceased alive on 2/19, 1951, and that death occurred at 2:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE: Frank C. Johnson D.M.P. (Degree or title) 23b. ADDRESS: Doniphan, Mo. 23c. DATE SIGNED: 2/21/51

24. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 24b. DATE: 2-21-1951 24c. NAME OF CEMETERY OR CREMATORY: BARDLEY CEMETERY 24d. LOCATION (City, town, or county) (State): RIPLEY COUNTY MO

DATE REC'D BY LOCAL REG.: 2-22-51 REGISTRAR'S SIGNATURE: E. B. Johnston 277 25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS: L. W. Edwards Doniphan, Mo.

RECEIVED

MAR 19 1951

DISTRICT HEALTH OFFICE No. 6

FIG. No.

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.....

2-20-1951

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lee P. Lusk

Licensed Embalmer No. 3475

P. O. Address Dunham, 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.