

STANDARD CERTIFICATE OF DEATH

State File No. 41434

FILED DEC 17 1951

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Douglas
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blanche, Rural, 0940
d. STREET ADDRESS (If rural, give location) ~~#####~~

3. NAME OF DECEASED (Type or Print)
a. (First) Geneva Alice b. (Middle) _____ c. (Last) Rackley
4. DATE OF DEATH (Month) (Day) (Year) 11-27-51

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-8-07 9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Merida Burdan 13b. MOTHER'S MAIDEN NAME Ollie Armor 14. NAME OF HUSBAND OR WIFE Dewey Lee 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. 558-32-1788
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dewey Lee Rackley, Blanche, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 441X 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) (Min.) _____ 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 2/19, 1951, to 11/27, 1951, that I last saw the deceased alive on 11/27, 1951, and that death occurred at 11:45P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS West Plains, Missouri 23c. DATE SIGNED 11/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-5-51 24c. NAME OF CEMETERY OR CREMATORY Blanche 24d. LOCATION (City, town, or county) (State) Blanche, Missouri

DATE REC'D BY LOCAL REG. 12-7-51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.

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

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

RECEIVED DEC 10 1951

Dist. File 12073086

Date Filed 12 11 51

APR 15 1958

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
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, 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.