S. No. 300
v. 10.48

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

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19916

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LIBERTY TOWNSHIP
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR3 Jefferson City Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COLE 026C
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~LIBERTY TOWNSHIP~~
d. STREET ADDRESS (If rural, give location): RR3 Jefferson City

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): RACKERS
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): JUNE 21, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: AUG. 8, 1866
9. AGE (In years last birthday): 85 — If under 1 year: Months 10, Days 13 — If under 1 hr.: 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:
11. BIRTHPLACE (State or foreign country): JEFFERSON CITY, MO. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BERNARD HEET
13b. MOTHER'S MAIDEN NAME: ADELIDE UPSCHULTE
14. NAME OF HUSBAND OR WIFE: BERNARD RACKERS

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. FRANK HEISLEN — **ADDRESS**: TAOS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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: 331X
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) m.:
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* 6/19, 1952 *to* 6/21, 1952 *that I last saw the deceased alive on* 6/19, 1952 *and that death occurred at* 3:15 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Cox MD
23b. ADDRESS: Jefferson City Mo
23c. DATE SIGNED: 6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: ST. FRANCIS XAVIER
24d. LOCATION (City, town, or county) (State): TAOS, MO.

DATE REC'D BY LOCAL REG.: June 24-1952
REGISTRAR'S SIGNATURE: R. P. Dorris MD-MR.
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Quelle
ADDRESS: J. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.