

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030087
State File No.

FILED AUG 29 1958
BIRTH NO. _____ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Francois Iwp Farmington-Rural)		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Fredericktown
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mineral Area Osteopathic Hosp.		STREET ADDRESS (If rural, give location) 613 S. Main St.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Racer c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 20, 1873
9. AGE (in years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Oden, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Racer	
13b. MOTHER'S MAIDEN NAME Rhoda W. Clark		14. NAME OF HUSBAND OR WIFE Rebecca Racer	
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. 500-18-7521	
17. INFORMANT'S SIGNATURE OR NAME Herschel Racer		ADDRESS 725 E. Ohio St. Clinton, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anesthetic Shock INTERVAL BETWEEN ONSET AND DEATH 1 hr. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) 5610 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Huge Rt. Aneurysm	
19a. DATE OF OPERATION 8/2/58		19b. MAJOR FINDINGS OF OPERATION Decerebrated Cervix	
20. AUTOPSY? 2 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) (Minute)		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 8/2/58 , 19 58 , to 8/5/58 , 19 58 , that I last saw the deceased alive on 8/5/58 , 19 58 , and that death occurred at 12:30P.m. , from the causes and on the date stated above.	
23a. SIGNATURE Paul J. Coon (Degree or title) MD		23b. ADDRESS Farlington Mo	
23c. DATE SIGNED 8/17/58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/7/58		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Madison County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Najim Funeral Home, Fredericktown, Mo.	
DATE REC'D BY LOCAL REG. Aug. 17, 1958		REGISTRAR'S SIGNATURE Ether Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Charles McFarley

Licensed Embalmer No. *4854*

P. O. Address *Fredensborg*

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.