

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005023

STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 42

300
-57

1. PLACE OF DEATH a. COUNTY <u>JUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JUNKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KENNETT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KENNETT</u> <u>C-3 S 2 C</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>911 COLLEGE</u>		Length of stay in lb <u>26 YRS.</u>	d. STREET ADDRESS (If outside, give location) <u>911 COLLEGE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH THOMAS RACKLEY</u>			4. DATE OF DEATH Month Day Year <u>FEB. 25 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-27-1888</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>GILES COUNTY, TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>WILLIAM RACKLEY</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY KNIGHTON</u>		14. NAME OF HUSBAND OR WIFE <u>DELLA RACKLEY</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>492-16-4552</u>	17. INFORMANT <u>Luhe Rackley</u> Address <u>Kennett, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis in Gangrene - (Both feet)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Generalized Arteriosclerosis</u>	<u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <u>45C1</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Jav. 30, 1958</u> to <u>Feb 25, 1959</u> and last saw him alive on <u>Feb 25 1959</u> <u>3:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>George J. Sumner MD</u> (Dee or title)	22b. ADDRESS <u>Kennett Mo</u>	22c. DATE SIGNED <u>2/27/59</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-27-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>	23d. LOCATION (City, town, or county) <u>KENNETT, MO.</u>
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24. FUNERAL DIRECTOR <u>Paul Salzman - Kennett, Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-27-1959</u>	26. REGISTRAR'S SIGNATURE <u>Luhe Rackley</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEPARTMENT
COUNTY FILE NUMBER 359-58

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 *[Handwritten Signature]*

Licensed Embalmer No. *2556*
P. O. Address *Kennett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.