

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS JAN - 6 1960 257

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 4391 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meta			Length of stay in lb life		c. CITY OR TOWN Meta		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Minnie Middle May Last Rakes				4. DATE OF DEATH Month December Day 29 , Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 20, 1886	
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
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 (City and state or country) Moniteau County, Missouri	
12. CITIZEN OF WHAT COUNTRY							
13a. FATHER'S NAME Benjamin Allie			13b. MOTHER'S MAIDEN NAME Diada Caroline Stewart			14. NAME OF HUSBAND OR WIFE Henry Rakes	
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. 490-30-8623		17. INFORMANT Alpha Rakes Address Meta, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon							INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from June 1956 to Dec. 29, 1959 and last saw her/him alive on Dec. 29, 1959		Death occurred at 2:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. H. Moore, D.O. (Degree or title)				22b. ADDRESS California, Mo.		22c. DATE SIGNED 12/29/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/31/59	23c. NAME OF CEMETERY OR CREMATORY Southside Cemetery		23d. LOCATION (City, town, or county) Meta, Missouri (State)		
24. FUNERAL DIRECTOR Walter H. Hedges, Meta, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Jan 4 - 1960		26. REGISTRAR'S SIGNATURE Miss. Boyd Norton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 7

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter P. Berger

Licensed Embalmer No. *456*

P. O. Address *Peris, 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.