

FILED AUG 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22861

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

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00

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>81</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural) Clinton</u>		25 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Community Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Lathrop</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HARRY</u> c. (Last) <u>RANES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 25 1949</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 25 - 1884</u>			
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>10</u>		11. DAYS <u>0</u>		12. IF UNDER 14 Hrs. 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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston Co. Mo</u>			
11. BIRTHPLACE (State or foreign country) <u>Livingston Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>							
13a. FATHER'S NAME <u>John Hader Ranes</u>		13b. MOTHER'S MAIDEN NAME <u>Zelpha Margaretta Coleman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Grace Ranes</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Ranes</u> ADDRESS _____					
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) <u>Cardio-renal-vascular disease</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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. <u>4/2x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. *AUTOPSY? 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) _____		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 <u>Oct 15</u> , 19 <u>45</u> , to <u>July 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 25</u> , 19 <u>49</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>(Dr) H.A. Antner M.D.</u>				23b. ADDRESS <u>Lathrop, Mo</u>		23c. DATE SIGNED <u>July 26, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 27 - 1949</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Mon Creek</u>		ADDRESS <u>Camden, Mo</u>			

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District Health Officer No. 2,

District File Number _____

Date Filed 8-2-49

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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.

Signed Harold L. Walker

Signed _____
Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.