

FILED DEC 20 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42489**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **4407** Registrar's No. **386**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) LaMonte		c. CITY (If outside corporate limits, write RURAL and give township) LaMonte 5800	
c. LENGTH OF STAY (in this place) 18 Mo.		d. STREET ADDRESS (If rural, give location) D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) " " " c. (Last) Rankin	
4. DATE OF DEATH (Month) 12 (Day) 18 (Year) 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-6-1880
9. AGE (In years last birthday) 71		if UNDER 1 YEAR Months _____ Days _____	if UNDER 2 Wks. 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	11. BIRTHPLACE (State or foreign country) Missouri D
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Wm. D. Rankin		13b. MOTHER'S MAIDEN NAME Mary Moore	
14. NAME OF HUSBAND OR WIFE Bessie Obannon			
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. 492-14-6586A	
17. INFORMANT'S SIGNATURE OR NAME Bessie O. Rankin LaMonte Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration 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 4222	
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) (Min.)		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 July , 19 51 , to Dec-16 , 19 51 , that I last saw the deceased alive on 12-16 , 19 51 , and that death occurred at 10:30 A m. , from the causes and on the date stated above.			
23a. SIGNATURE W.E. Walker M.D. (Degree or title)		23b. ADDRESS LaMonte Mo	
23c. DATE SIGNED 12-18-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-18-51	
24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery		24d. LOCATION (City, town, or county) (State) LaMonte Mo.	
DATE REC'D BY LOCAL REG. 12-18-1951		REGISTRAR'S SIGNATURE W.E. Walker (Licensed Embalmer) Statement on Reverse Side	
FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore		ADDRESS LaMonte Mo.	

0807

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

251-0

(Licensed Embalmer) Statement on Reverse Side

RECEIVED

DISTRICT HEALTH OFFICE NO. 9 26 1951

District File Number

Date Filed

DEC 26 1951

12

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

Paul M. Moore

Licensed Embalmer No.

3923

P. O. Address

De Mont Me.

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.