

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34352

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 355

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hutton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>	
c. LENGTH OF STAY (In this place) <u>194.0m</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			

3. NAME OF DECEASED (Type or Print) <u>WILBERT</u>			a. (First)			b. (Middle)			c. (Last) <u>RANK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23 1952</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>March 6 1915</u>			9. AGE (In years last birthday) <u>37</u>		10. MONTHS <u>7</u>		11. DAYS <u>13</u>		12. IF UNDER 18 yrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>dk none</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Mo 1</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>William Rank</u>			13b. MOTHER'S MAIDEN NAME <u>Mrs William Rank</u>			14. NAME OF HUSBAND OR WIFE _____		
--	--	--	---	--	--	-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Rank</u>				ADDRESS <u>Slater Mo</u>			
---	--	-----------------------------------	--	---	--	--	--	--------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>								INTERVAL BETWEEN ONSET AND DEATH	
		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. <u>Empyema</u>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 5-30, 1952, to 10-23, 1952, that I last saw the deceased alive on 10-23, 1952 and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Caldwell M.D.</u>		23b. ADDRESS <u>State Hos #1 Hutton Mo</u>		23c. DATE SIGNED <u>10-23-52</u>	
--	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
--	--	---------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>Oct. 27-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.O. Roberts</u>		ADDRESS <u>Columbia Mo</u>	
--	--	---	--	--	--	----------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

0143 23

FILED NOV 3 1952

S. No. 300
v. 10.48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.