

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31247

State File No. ....

BIRTH NO. 63243-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 301

FILED OCT 15 1954

No. 300

10-48

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>36 Hours</b>		c. CITY OR TOWN <b>Shelbina</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>				STREET ADDRESS (If rural, give location) <b>10201</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Theresa</b>			b. (Middle) <b>(None)</b>		c. (Last) <b>Ranney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 27, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sept. 26</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. <b>I</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Worked</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Hannibal</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Royal Wm. Ranney</b>			13b. MOTHER'S MAIDEN NAME <b>Merle Jean Wilson</b>			14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Royal Ranney, Shelbina, Mo.</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Neurosis fatally</b>  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.  INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>									
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 <u>9-26</u> 19 <u>54</u> , to <u>9-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-27</u> , 19 <u>54</u> , and that death occurred at <u>9:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>J. H. Reichler MD</b>				23b. ADDRESS <b>Shelbina, Missouri</b>			23c. DATE SIGNED <b>10-4-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/30/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Paris, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>10-6-54</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke By W. C. Fisher, E. Hayes</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shelbina, Missouri</b>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 13 1954  
MARION C. HEALTH DEPT.  
DATE FILED OCT 13 1954

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..... *Paul E. Hayes* .....

Licensed Embalmer No. 446

P. O. Address Shellina

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.