

FILED MAR 14 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5597 State File No. 5402

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 8032 Registrar's No. 29

510

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centerview Twp		c. CITY OR TOWN Holden, Missouri	
c. LENGTH OF STAY (In this place) 61 yrs		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		e. STREET ADDRESS (If rural, give location) Centerview Twp. 0510	

3. NAME OF DECEASED (Type or Print)	a. (First) Earl	b. (Middle) Murray	c. (Last) Rankin	4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 10, 1894	9. AGE (In years last birthday) 60	if UNDER 1 YEAR Months 9	if UNDER 1 YEAR Days 18	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Earl Sterling Rankin	13b. MOTHER'S MAIDEN NAME Carrie Belle Murray	14. NAME OF HUSBAND OR WIFE Ruth Ropp Rankin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Rankin, Holden, Missouri.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound, Self Inflicted		18. INTERVAL BETWEEN ONSET AND DEATH instant
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Holden, Johnson, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Rawlins M.D. Coroner	23b. ADDRESS Holden, Missouri	23c. DATE SIGNED 3/1/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE March 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Missouri
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DATE REC'D BY LOCAL REG. Mar. 2, 1955	REGISTRAR'S SIGNATURE Savannah C. Whitefield	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday and Ropp Funeral Home, Holden, Missouri
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MISSISSIPPI DEPARTMENT OF HEALTH
STATE OF MISSISSIPPI
MAR 7 1955

VS APR 2 1959 SM

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 *M. J. Cradley*

Licensed Embalmer No. 3434...

P. O. Address Holden, Miss

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.