

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031620
STATE FILE NUMBER

FILED VS SEP 12 1960

280

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; Residence before admission) a. STATE <u>Ks</u> b. COUNTY <u>Brown</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u>		Length of stay in 1b <u>30 min</u>	c. CITY OR TOWN <u>Horton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>On Hiway 45</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1305 fuel Ave. E</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARION WILBURN RANEY</u>			4. DATE OF DEATH Month Day Year <u>Sept. 2 1960</u>	
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-#09 50</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ROOFER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ROOFING</u>	11. BIRTHPLACE (City and state or country) <u>WYOMING, TEXAS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. B. RANEY</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>RUTH L. RANEY</u>
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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) <u>yes</u> <u>WW II</u>	16. SOCIAL SECURITY NO. <u>513-20-485</u>	17. INFORMANT <u>ROGER RANEY HORTON</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS.</u>
IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>DIED IN AMBULANCE ENROUTE TO HOSPITAL</u>	
	DUE TO (c) <u>TO HOSPITAL</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 45, Weston Twp. Platte, Mo.</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Hwy 45, Weston Twp. Platte, Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at APPROX. 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edmund M. Gaffee, Coroner</u>	22b. ADDRESS <u>Platte City, Mo.</u>	22c. DATE SIGNED <u>9-2-60</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>buried</u>	23b. DATE <u>9-3-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Horton Cemetery</u>
		23d. LOCATION (City, town, or county) (State) <u>Horton, Kansas</u>

24. FUNERAL DIRECTOR <u>Wagner Funeral Home Weston, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9. 2. 19 60</u>	26. REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

APR 7 1961

SEP 13 1960

SEP 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Cale L. Martin

Licensed Embalmer No. 510

P. O. Address Weston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.