

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043178

FILED VS NOV 23 1960

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 144

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND TWP.</u>		Length of stay in lb <u>4 days</u>		c. CITY OR TOWN <u>HARDIN</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>RAY COUNTY MEM. HOSP.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>THOMAS</u> Last <u>RANKIN</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>12</u> Year <u>1960</u>					
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>JAN. 24 1892</u>		9. AGE (last birthday) <u>68</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTH PLACE (City and state or country) <u>RAY COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>GEORGE W. RANKIN</u>			13b. MOTHER'S MAIDEN NAME <u>MARY CLARK</u>			14. NAME OF HUSBAND OR WIFE <u>EVA M. RANKIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I. Medical discharge</u>			16. SOCIAL SECURITY NO. <u>494-40-6855</u>		17. INFORMANT Address <u>EVA M. RANKIN - HARDIN, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchial pneumonia</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>11-9-60</u> to <u>death</u> and last saw him alive on <u>11-12-60</u> Death occurred at <u>12:00 noon</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. G. Crozier, MD</u> (Degree or title)				22b. ADDRESS <u>Richmond, Mo.</u>				22c. DATE SIGNED <u>11-14-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-14-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WAKENDA CEM.</u>		23d. LOCATION (city, town, or county) (State) <u>RAY COUNTY, Mo.</u>			
24. FUNERAL DIRECTOR <u>BORCHERDING FUN. HOME HARDIN, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>11-16-1960</u>		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 31 1961

MAR 15 1961

OCT 31 1961

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 August Borcharding

Licensed Embalmer No. 4678

P. O. Address Harding Mo.

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.