

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH20550
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>5964</u>		Registrar's No. <u>5-2</u>			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>New York</u> b. COUNTY <u>999</u>					
b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 weeks 90 da</u>		c. CITY OR TOWN <u>Flushing Long Island</u>		d. STREET ADDRESS (If rural, give location) <u>0 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi North Parkville</u>									
3. NAME OF DECEASED a. (First) <u>Hazel</u>			b. (Middle) <u>Fezler</u>		c. (Last) <u>Ranson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June - 26. 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Aug. 30. 1891</u>			
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Calveseal</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Patent Office</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>M. P. Fezler</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Henry</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Ranson</u> <u>Divorced</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. P. Fezler</u> ADDRESS <u>Parkville</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Cervix</u> 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>171X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 years</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 <u>May 1949</u> , to <u>June 1949</u> , that I last saw the deceased alive on <u>26 June, 1949</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Bernard T. Mullins M.D.</u>				23b. ADDRESS <u>Parkville Mo.</u>		23c. DATE SIGNED <u>6-27-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>June 28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-27-1949</u>		REGISTRAR'S SIGNATURE <u>Ophia Roccim</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland K. Francis</u> ADDRESS <u>Parkville Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUL 7
District Health Officer No. 8,

District File Number _____

Date Filed 7-7-49

67618270A

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, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Lland H Francis

Licensed Embalmer No. 3451

P. O. Address

Portville 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 this body is not embalmed, fact should be so stated above.