

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 617

Dr. Loyd

Registrar's No. 4

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give town) Jefferson City		c. LENGTH OF STAY (in this place) 56 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		d. STREET ADDRESS (If rural, give location) 710 Clark Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Andrew		b. (Middle) Louis		c. (Last) Rank		4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married!		8. DATE OF BIRTH March-7-1893	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Co. Clerk		10b. KIND OF BUSINESS OR INDUSTRY Express		11. BIRTHPLACE (State or foreign country) Cole County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Rank		13b. MOTHER'S MAIDEN NAME Elizabeth Kapple		14. NAME OF HUSBAND OR WIFE Lena Rank	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 712-16-0158		17. INFORMANT'S SIGNATURE OR NAME Lena Rank, Jefferson City, Mo			
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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive vascular disease</u> 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 1 mo P. ? 447X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Jan 10</u> , 19 <u>47</u> , to <u>1/6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/6</u> , 19 <u>50</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS Jefferson City, Missouri		23c. DATE SIGNED 1/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan-9-1950		24c. NAME OF CEMETERY OR CREMATORY River View Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. Jan 6-1950		REGISTRAR'S SIGNATURE R.P. Davis MD		FUNERAL DIRECTOR'S SIGNATURE R.P. Davis MD		ADDRESS Jefferson City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0264

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264  
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JAN 24 1950

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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 .....  
Student Embalmer

Signed Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.