

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5266

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>years</u>	c. CITY OR TOWN <u>Lexington</u>		0547 A
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>900 Southwest Blvd.</u>			d. STREET ADDRESS (If rural, give location) <u>900 Southwest Blvd.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAYMIE</u> b. (Middle) <u>CLARICE</u> c. (Last) <u>RANK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 18, 1891</u>	9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u>11</u> 11. DAYS <u>13</u> 12. HOURS <u></u> 13. MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dening, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Oliver P. Ribinson</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Snell</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Rank</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Rank, Lexington, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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) _____		
11. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u> <u>Hypertension</u>		4-201	

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)	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) m.	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 11 Feb, 1949, to 17 Feb, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 AM from the causes and on the date stated above.

23a. SIGNATURE <u>John Wardman</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Lexington, Mo</u>	23c. DATE SIGNED <u>2/2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/3/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maahpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>17 Feb 50</u>	REGISTRAR'S SIGNATURE <u>Wm E Embley</u>	151	FUNERAL DIRECTOR'S SIGNATURE <u>Garret F. Tempel</u>	ADDRESS <u>Lexington, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

547

RECEIVED FEB 21

District Health Officer No. 1.

District File Number _____

Date Filed 2-3-50

Wain

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.

Signed *Geo. McLean*

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Lehigh Twp. Pa.*

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.