

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19160

FILED MAY 31 1950

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Verdon</u> <u>State Hospital # 3.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis City</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo. 1109</u>	
c. LENGTH OF STAY (In this place) <u>19-7-21</u>		d. STREET ADDRESS (If usual, give location) <u>unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>David</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Rankin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-19-1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-12-?</u>	9. AGE (In years last birthday) Months Days <u>unknown</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>shop worker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Creagan</u>	14. NAME OF HUSBAND OR WIFE <u>Rose</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>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. J. Fitzpatrick - Pierce Bldg St. Louis Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</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>4200</u>	

19a. DATE OF OPERATION <u>none</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-1-1946, to 5-19-1950, that I last saw the deceased alive on 5-19-1950, and that death occurred at 1:07 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Benish, M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital # 3</u>	23c. DATE SIGNED <u>5-19-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hospit of Cemetery Wash Twp, Vernon, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>May 21-50</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Faucy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>331 Terry Funeral Home, Nevada, Mo.</u>
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(If signed Embalmer's Statement on Reverse Side)

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

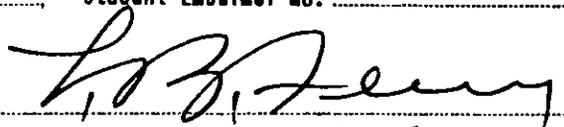
RECEIVED 5.29.50
District Health Officer No. 7
District File Number 4-5056
Date Filed 5.29.50

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 

Licensed Embalmer No. 1760

P. O. Address Nevada

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.