

FILED MAR 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5486

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Reprinted No. 34			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage, 0493					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 310 Orchard St.				d. STREET ADDRESS (If rural, give location) 310 Orchard St. 0					
3. NAME OF DECEASED (Type or Print) a. (First) Llenna			b. (Middle) Schell		c. (Last) Rankin		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15, 1882		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred Schell			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Charles O. Rankin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles O. Rankin, 310 Orchard St.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronica INTERSTITIAL DUE TO (b) Diabetic Mellitus. 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 4 yrs. 5 yrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4222						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None 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 Apr 15, 1948, to Feb 26, 1952, that I last saw the deceased alive on Feb 26, 1952, and that death occurred at 12:05 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) George H. Wood M.D.					23b. ADDRESS Carthage Mo		23c. DATE SIGNED 2/28/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28, '52		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Missouri			
DATE REC'D BY LOCAL REG. 2/28/52		REGISTRAR'S SIGNATURE 139-2 L.B. Clinton, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-5-52

Jasper County Health Office

County File Number 52/3/168

Date Filed 3-5-52

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed *Ray E. Rose* .....

Licensed Embalmer No. *4779* .....

P. O. Address *Cartersville, Ga.* .....

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.