

No. 300
11
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10724

State File No.

MAR 23 1953

BIRTH NO. 16590 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 9

721
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0721</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>DAVID</u> c. (Last) <u>RANKINS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 15 1953</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u> | |
| 8. DATE OF BIRTH <u>MARCH 15 1953</u> | | 9. AGE (In years last birthday) <u>—</u> Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>5</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u> | | 11. BIRTHPLACE (State or foreign country) <u>PORTAGEVILLE MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Robt S. Rankins Jr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELLA MAE SAWYERS</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt S Rankins Jr Portageville</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured hemostatic sac.</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 |
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| 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) <u>774X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 2-18-1953, to 3-15-1953, that I last saw the deceased alive on 3-15-1953, and that death occurred at 11:38 AM, from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James D. Cameron</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>Monroton, Mo.</u> | | 23c. DATE SIGNED <u>3-15-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>March 16, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE MO</u> | | | | | |

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| DATE REC'D BY LOCAL REG. <u>Mar 18, 1953</u> | | REGISTRAR'S SIGNATURE <u>Ellen De Lullo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Delisle Funeral Parl Portageville Mo</u> | |
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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.....

Not Embalmed

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.