

FILED NOV 13 1953
Dr. Kanagawa

STANDARD CERTIFICATE OF DEATH

State File No. 35389

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 312

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 township) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 40 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 Jackson Street		e. STREET ADDRESS (If rural, give location) 812 Jackson Street	

3. NAME OF DECEASED a. (First) John b. (Middle) Henry c. (Last) Rank			4. DATE OF DEATH (Month) (Day) (Year) Nov 8 1953			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-13-1896	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Monotype casting		10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (City and State or Foreign Country) Honey Creek, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Rank		13b. MOTHER'S MAIDEN NAME Elizabeth Kappel		14. NAME OF HUSBAND OR WIFE Esther E. Hartbauer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.W.#1		16. SOCIAL SECURITY NO. 1-90-09-1164		17. INFORMANT'S SIGNATURE OR NAME Esther E. 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) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 12 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension <i>arteriosclerotic</i>			1 1/2 yrs.
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	

22. I hereby certify that I attended the deceased from May 10, 1952, to Nov 8, 1953, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. Kanagawa (Degree or title) M.D.		23b. ADDRESS 1 Sallmeyer Alley		23c. DATE SIGNED 4/9/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov-11-1953		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
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DATE REC'D BY LOCAL REG. Nov. 10-1953		REGISTRAR'S SIGNATURE R.P. Davis M.D.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Jefferson City, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5961 & R NOV 11 1953

NOV 18 1953

NOV 18 1953

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 Signature of Student Embalmer

Signed. *Joseph J. Cowden*

Licensed Embalmer No. *1786*
P. O. Address *Jefferson St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.