

STANDARD CERTIFICATE OF DEATH

43451

State File No. ....

FILED JAN 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5895 Registrar's No. 108

0500

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Imperial Rural</u> OR TOWN <u>Rock</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Imperial Rural</u> <u>Rock</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>R.R. #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHEN</u> b. (Middle) <u>—</u> c. (Last) <u>RANKEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 21 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 24, 1872</u>	9. AGE (In years last birthday) <u>81</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			11. BIRTHPLACE (State or foreign country) <u>MADISON Co., Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>STEPHEN RANKEN</u>	13b. MOTHER'S MAIDEN NAME <u>JANET MacDONALD</u>	14. NAME OF HUSBAND OR WIFE <u>MARY E. WRIGHT</u>
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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHN I. HENSHAW</u> ADDRESS <u>R.R. #1 IMPERIAL, Mo.</u>

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>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>—</u>		
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) <u>332 X</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 May, 1953, to 12/21, 1953, that I last saw the deceased alive on 12/21, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Heck, M.D.</u>	23b. ADDRESS <u>Fenton, Mo.</u>	23c. DATE SIGNED <u>12-27-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>BELLEVILLE, Ill.</u>		

DATE REC'D BY LOCAL REG. <u>Jan 2, 1954</u>	REGISTRAR'S SIGNATURE <u>Ruth Jussa #38</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Burke</u> ADDRESS <u>F.S.T. Louis, Ill.</u>
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED JAN 4 1954

NOV 20 1956

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.....

Signed.....

*Chas M. Burke*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address F. St. Louis, Ill

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.