

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9218**

State File No. ....

No. 300  
10.48

BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **35**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Johnson</b>	b. CITY (If outside corporate limits, write RURAL and give townshp.) <b>Warrensburg,</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Johnson</b>
c. LENGTH OF STAY (in this place) <b>2 years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Residence, 212 E. Markett St.</b>		e. STREET ADDRESS (If rural, give location) <b>212 E. Markett St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>STELLA MAE RANKIN</b>	a. (First)	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 21, 1954</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>May, 8, 1881</b>	<b>9. AGE</b> (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House wife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Lafayette County, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>John S. Hinkle,</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mahala Hamilton</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>James L. Rankin</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>William R. Hinkle, Kansas City, Missouri</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<b>Accumulation</b>		<b>1 yr.</b>
ANTECEDENT CAUSES	DUE TO (b) <b>La Grippe 3 days</b>		<b>1 yr.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>175 X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from January, 1953, to 3-21-, 1954, that I last saw the deceased alive on 3-21-, 1954, and that death occurred at 6:00A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Chas. Johnson M.D.</b>	<b>23b. ADDRESS</b> <b>Warrensburg, MO</b>	<b>23c. DATE SIGNED</b> <b>March 21, 54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3-23-1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Blackwater Cemetery,</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Rural Johnson County, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Mar. 23, 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Savannah Cretcheville</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>R. B. Brauning</b>	<b>ADDRESS</b> <b>Warrensburg, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

