

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42728**
Registrar's No. **11285**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. CITY OR TOWN Sparta	
c. LENGTH OF STAY (in this place) 11 Days		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 Mo. Baptist Hospital		f. STREET ADDRESS (If rural, give location) 224 West 3rd St. <i>81208</i>	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Russell c. (Last) Rankin		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 18, 1877
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
10b. KIND OF BUSINESS OR INDUSTRY Highway Const		11. BIRTHPLACE (City and State or Foreign Country) Baldwin, Illinois,	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas Rankin	
13b. MOTHER'S MAIDEN NAME Mary Russell		14. NAME OF HUSBAND OR WIFE Annabelle Rankin (DCSD)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Miller Stephenson, Sparta, Ill.		ADDRESS _____	
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) Carcinoma of jejunum - metastatic. INTERVAL BETWEEN ONSET AND DEATH One year ANTECEDENT CAUSES DUE TO (b) Carcinoma of transverse colon 12 years Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Dec 1 1954		19b. MAJOR FINDINGS OF OPERATION Multiple metastatic carcinoma of jejunum-ileum	
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? 153X		22. I hereby certify that, I attended the deceased from 11/16, 1953, to 12/10, 1954, that I last saw the deceased alive on 12/9, 1954, and that death occurred at 1:50AM, from the causes and on the date stated above.	
23a. SIGNATURE Clara S. Meffer (Degree or title) M.D.		23b. ADDRESS 4500 Olive	
23c. DATE SIGNED Dec 12 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12-10-54		24c. NAME OF CEMETERY OR CREMATORY Hill Prairie Cem.	
24d. LOCATION (City, town, or county) (State) Sparta, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.	
DATE REC'D BY LOCAL REG. DEC 11 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

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

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 *John S. Dennehy*.....

Licensed Embalmer No. *719*.....

P. O. Address *St. Louis*.....

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.