

no. 300
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FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3804

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4066</u>		Registrar's No. <u>11</u>		
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio</u>		d. STREET ADDRESS (If rural, give location) <u>0030</u> <u>8</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u> b. (Middle) <u>**</u> c. (Last) <u>RANKIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 14, 1955</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>Dec 3, 1883</u>		
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR <u>1</u> Months <u>11</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired postmaster</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tarkio, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ed F. Rankin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Willsie</u>			14. NAME OF HUSBAND OR WIFE <u>Althea Rankin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alex Rankin</u> ADDRESS <u>Tarkio, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic cardio</u> DUE TO (c) <u>vascular disease</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)				
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 <u>8/20/51</u> , 19 <u>51</u> , to <u>2/14/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/14/55</u> , 19 <u>55</u> , and that death occurred at <u>3 P.M.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. W. Wiedermeyer M.D.</u>				23b. ADDRESS <u>Tarkio, Mo.</u>		23c. DATE SIGNED <u>2/15/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/16/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prarie Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb 18, 1955</u> <u>Narwin W. Schooler</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u>				

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

MAY 22 1956

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Frost E. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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.