

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11081

State File No.

FILED MAY 9 1955

BIRTH NO. 68934-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 453

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Gilman City	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 Missouri Methodist Hospital		STREET ADDRESS (If rural, give location) 2410	

3. NAME OF DECEASED (Type or Print) a. (First) Mavis b. (Middle) c. (Last) Rankin			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never-married	8. DATE OF BIRTH October 18, 1954	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bethany, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Donald Rankin	13b. MOTHER'S MAIDEN NAME Mareta J. Marshall	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donald Rankin, Gilman 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		INTERVAL BETWEEN ONSET AND DEATH 1 d
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute gastroenteritis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 5710	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) St Joseph Buch. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4-28-55, to 4-28-55, that I last saw the deceased alive on 4-28, 1955, and that death occurred at 1:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Petersen MD	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 4-30-55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4/28/1955	24c. NAME OF CEMETERY OR CREMATORY Trenton, Missouri
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. May 3, 1955	REGISTRAR'S SIGNATURE Leather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 485-U Theodore Bowman - St Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *William Spalding*.....

Licensed Embalmer No. 453

P. O. Address 7145 10th 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.