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FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, give residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Rural - Ruth</u>		c. CITY OR TOWN <u>Reeds Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>1040</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Carson</u> c. (Last) <u>Rang</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 - 1955</u>		
5. SEX <u>M</u>		6. COLOR OF HAIR <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Dec 27 - 1894</u>		9. AGE (to year last birthday) <u>60</u>		10. IF UNDER 1 YEAR: Hours <u>1</u> Min. <u>8</u>	
10a. USUAL OCCUPATION (or kind of work during most of working life, even if retired) <u>Common laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Nathan Rang</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Never married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>296-24-5943</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cletus Rang - Millerburg, Mo.</u>		18. ADDRESS		19. MEDICAL CERTIFICATION	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>	
ANTECEDENT CAUSES		DUE TO (b)			
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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 26, 1955, to at Death 1955, that I last saw the deceased live on Aug 26, 1955, and that death occurred at 6 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Johnny M. P. ...</u> (Degree or title)		23b. ADDRESS <u>Sumner Ave</u>		23c. DATE SIGNED <u>27 Aug 1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug 31 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arrville Cemetery - Arrville, Ohio</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u>		ADDRESS <u>Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Aug. 29 - 55</u>		REGISTRAR'S SIGNATURE <u>John ...</u>		ADDRESS <u>317 ...</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1040

1955
OCT 7

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 *Everett J. Cheatham*

Licensed Embalmer No. *381*

P. O. Address *Galena*

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.