No. 300
10.48

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FILED DEC 7 1955   **STANDARD CERTIFICATE OF DEATH**   State File No. **39524**

BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **6273** Registrar's No. **1**

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY Worth	a. STATE Missouri b. COUNTY Worth

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Fletchall 6273	c. LENGTH OF STAY (in this place) 2 years	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	e. STREET ADDRESS (If rural, give location) Fletchall Township 6273/130

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Thomas	c. (Last) Rankin	4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Sam Rankin	13b. MOTHER'S MAIDEN NAME Sarah R. Armstrong	14. NAME OF HUSBAND/WIFE Rebecca Combs (Fletchall)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elva Fletchall - Redding, Iowa	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Nephritis		1 Yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Scerosis		3 ys
DUE TO (c) Influenza		1 Mo.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	481x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 10**, 1955, to **Nov 23**, 1955, that I last saw the deceased alive on **Nov 22**, 19 **55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE O. L. Fullerton MD (Degree or title)	23b. ADDRESS Redding Iowa	23c. DATE SIGNED Nov 24/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-26-1955	24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery	24d. LOCATION (City, town, or county) (State) Worth County, Missouri

DATE REC'D BY LOCAL REG. Dec 1, 1955	REGISTRAR'S SIGNATURE Leta E. Dawson 545-	25. FUNERAL DIRECTOR'S SIGNATURE Bill Dunfee ADDRESS Grant City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ...., Student Embalmer No...........

working under my personal supervision..

Student...   Signed *Bill A. Dunf*
　　　　Signature of Student Embalmer

Licensed Embalmer No...4..9..

P. O. Address *Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.