

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 30 1956

BIRTH NO. _____ REG. DIST. NO. 22 PRIMARY REG. DIST. NO. 3013 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH KANSAS CITY</u>		c. CITY OR TOWN <u>NORTH KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>25 YRS</u>		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 <u>N. BRIGATON</u> <u>2 MI E 69 HIGHWAY - GUEST ST</u>		e. STREET ADDRESS (If rural, give location) <u>N. BRIGATON</u> <u>GUEST ST. 2 MI E 69 HIGHWAY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>	b. (Middle) <u>A</u>	c. (Last) <u>RANKINS SR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 11 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>SEPT 24, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CITY OF N.K.C.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>INDIANAPOLIS IND.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JAMES A RANKIN</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE SCOTT</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE RANKIN</u>	ADDRESS <u>3304 OLIVE K.C. MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart failure</u>		
	DUE TO (c) <u>Malnutrition 4341</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"/>
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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 <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 Nov 13, 1955, to Jan 11, 1956, that I last saw the deceased alive on Jan 11, 1956, and that death occurred at 12:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>James E. McNeill</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>2025 Swift No KC Mo</u>	23c. DATE SIGNED <u>1/12/56</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Platte County Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-14-56</u>	REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>	ADDRESS <u>Law N.K.C. Mo</u>
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No. 300
10.48

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

916



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..... *Glenn N. Hill*

Licensed Embalmer No... 458

P. O. Address... K. C. 16, 1

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.