

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9952

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>STELLA</u>)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>GRANBY TWP.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CARDWELL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>GRANBY TWP.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle)		c. (Last) <u>RAMBO</u>			
4. DATE OF DEATH		(Month) <u>JAN.</u>		(Day) <u>26.</u>		(Year) <u>1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>APRIL 30, 1886</u>			
9. AGE (In years last birthday) <u>69</u>		If UNDER 1 YEAR Months		If UNDER 12 HRS. Hours		If UNDER 24 HRS. Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>GRANBY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>WILLIAM RAMBO</u>			13b. MOTHER'S MAIDEN NAME <u>MARY PRINTER</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RAYMOND RAMBO</u>		ADDRESS <u>NEOSHO MO. R#5</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				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u>				DUE TO (b) <u>Diabetes Mellitus</u>				DUE TO (c)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
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 <u>260x</u>				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) 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 <u>1-23-</u> , 19 <u>56</u> , to <u>1-26-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-26-</u> , 19 <u>56</u> , and that death occurred at <u>8:45 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Cardwell M. Stella</u>				23b. ADDRESS <u>Stella, Mo.</u>		23c. DATE SIGNED <u>3-6-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>GRANBY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>3-8-1956</u>		REGISTRAR'S SIGNATURE <u>Alpha Pyew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cooley Thompson</u> ADDRESS <u>NEOSHO MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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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
Student Embalmer

Signed

Leo G. Whitaker

Licensed Embalmer No. 4780

P. O. Address Messing, 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.