

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED OCT 2 1956**

State File No. **32922**

REG. DIST. NO. **360**

PRIMARY REG. DIST. NO. **3076**

Registrar's No. **192**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b>		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. LENGTH OF STAY (in this place) <b>2 wks</b>		c. CITY OR TOWN <b>CUBA</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada City Hosp</b>		e. STREET ADDRESS (If rural, give location) <b>912 8</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marilla</b> b. (Middle) <b>Bell</b> c. (Last) <b>Rankin</b>			4. DATE OF DEATH (Month) <b>9</b> (Day) <b>20</b> (Year) <b>56</b>				
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>Feb 14, 1878</b>		9. AGE (In years last birthday) <b>78</b>		10. IF UNDER 1 YEAR Days 11. IF UNDER 24 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <b>Illinois</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Perry Landis</b>		13b. MOTHER'S MAIDEN NAME <b>Phoeba ?</b>			
14. NAME OF HUSBAND OR WIFE <b>Chas. E. Rankin</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Dr. Roy Pearse</b>		ADDRESS <b>Nevada, Mo.</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>7 fracture of sternum 2-3-4-5-6 27 ribs on rt, 4-5-6 ribs on left</b> DUE TO (c) <b>basilar skull fracture</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b> <b>15 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kennett Mo Mo</b>			
21d. TIME OF INJURY <b>9/5/56 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>			
22. I hereby certify that I attended the deceased from <b>9/5, 1956</b> , to <b>9/20, 1956</b> , that I last saw the deceased alive on <b>9/19, 1956</b> , and that death occurred at <b>6:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Roy W. Pearse, MD</b>		(Degree or title)		23b. ADDRESS <b>Nevada Mo</b>			
23c. DATE SIGNED <b>9/20/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-21-56</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>		24d. LOCATION (City, town, or county) (State) <b>Cuba Ill.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard H. Statton</b>			
DATE REC'D BY LOCAL REG. <b>9-29-56</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>		ADDRESS <b>Nevada Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

4510

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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 *[Handwritten Signature]*.....

Licensed Embalmer No. *485*.....

P. O. Address *[Handwritten Address]*.....

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.