

9113

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED APR 12 1957

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 60

60

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carthage 0493 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 116 Clinton			Length of stay in lb 31 years		d. STREET ADDRESS 116 Clinton		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last ELMER ELLSWORTH RANKARD				4. DATE OF DEATH Month Day Year March 30, 1957					
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 7, 1885		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired machinist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Smith County, Kansas		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME George Rankard				14. MOTHER'S MAIDEN NAME Geneva Miller					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-10-1447		17. INFORMANT Glen Rankard 1211 Olive Carthage, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Arteriosclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 5 yrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1/21/52 to 3/30/57 and last saw him alive on 2/28/57 Death occurred at 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Paul H. Bremer M.D.				22b. ADDRESS 121 West Fourth, Carthage, Mo.		22c. DATE SIGNED 3/30/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-2-1957	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Carthage, Missouri				
24. FUNERAL DIRECTOR KNELL MORTUARY Carthage, Mo.				25. DATE RECD. BY LOCAL REG. 3-30-57		26. REGISTRAR'S SIGNATURE Ely Clinton			

(Licensed Embalmer's Statement on Reverse Side)

S. 300
1-56

Health, & Welfare
Public
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

securing the medical certification in the same manner required by the red words above.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

39.0

RECEIVED APR 10 1957
Jasper County Health Office

County File Number 57-4-294

Date Filed APR 10 1957

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..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.