

FILED VS SEP 12 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-030758  
STATE FILE NUMBER  
1428

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1428

1. PLACE OF DEATH a. COUNTY <b>JackSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Odessa</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3918 Charlette</b>		Length of stay in 1b <b>1 Month</b>	d. STREET ADDRESS (If outside, give location) <b>0542-</b>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Walker</b> Last <b>Rankin</b>			4. DATE OF DEATH Month <b>August</b> Day <b>28</b> Year <b>1960</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 13, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>86</b>
13a. FATHER'S NAME <b>William Rankin</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Rush</b>	11. BIRTHPLACE (City and state or country) <b>Odessa, Mo.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
17. INFORMANT Address <b>Mrs. Ida Rankin, Odessa, Mo.</b>			14. NAME OF HUSBAND OR WIFE <b>Ida Rankin</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Decompensation.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio-sclerotic hypertensive heart disease.</b> DUE TO (c) <b>Arterio-sclerotic hypertensive heart disease.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b> <b>2 years.</b> <b>?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443X</b>			19. WAS AUTOPSY PERFORMED? <b>2 YES</b> <input type="checkbox"/> <b>NO</b> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <b>Feb. 1959</b> to <b>8/28/60</b> and last saw <b>him</b> alive on <b>8/27/60</b> Death occurred at <b>7:30a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edmund Carrut, M.D.</b>		22b. ADDRESS <b>315 Nichols Rd.</b>	22c. DATE SIGNED <b>8/29/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Aug. 29, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odessa Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Odessa, Mo.</b>
24. FUNERAL DIRECTOR <b>Husman-Sparks, Odessa, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-29-60</b>	26. REGISTRAR'S SIGNATURE <b>H. L. Dwyer</b>

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.

Edson C. Carrier USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MS APR 11 1961

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 *William T. Sparks*

Licensed Embalmer No. *4431*

P. O. Address *Odessa, W.*

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.