

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960/60

-60-031104

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 559 Registrar's No. 105

INDEXED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FESTUS</u>		Length of stay in 1b <u>1 yr</u>	c. CITY OR TOWN <u>HILLS BORO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MT VIEW N.H.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. 2</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>OCTAVIA (None) RANKIN</u>			4. DATE OF DEATH Month Day Year <u>Aug 20 1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 16, 1873</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Wuk</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S. #.</u>		
13a. FATHER'S NAME <u>Wuk</u>		13b. MOTHER'S MAIDEN NAME <u>Wuk</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL RANKIN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>311-18-5747</u>	17. INFORMANT Address <u>Welfare Office Hillsboro, Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
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) <u>Carcinoma of Breast with Wide Spread Metastasis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 \_\_\_\_\_, to 1-20-60 and last saw her him alive on 8-20-60  
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M.A.D. Smith, MD</u> (Degree or title)	22b. ADDRESS <u>Crystal City, Mo.</u>	22c. DATE SIGNED <u>8-21-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8/23/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Good Shepard</u>
23d. LOCATION (City, town, or county) <u>HILLSBORO</u>		(State) <u>MO</u>

24. FUNERAL DIRECTOR <u>MAHN FUNERAL Home</u> ADDRESS <u>DeJato Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 25, 1960</u>	26. REGISTRAR'S SIGNATURE <u>John H. Stoll, Deputy</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herald J. Moore

Licensed Embalmer No. 4975

P. O. Address De Soto

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.