MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-021915
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 221

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Miller Rest Home 702 Lemon
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN: Canton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JODIE Middle Last RANGE

4. DATE OF DEATH: Month June Day 17 Year 1961

5. SEX: Male
6. COLOR OR RACE: Black
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 8, 1868
9. AGE (last birthday): 93
IF UNDER 1 YEAR: Months 1 Days 9
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cement Finisher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): LaGrange Missouri
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Edward Range
13b. MOTHER'S MAIDEN NAME: Not known
14. NAME OF HUSBAND OR WIFE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Minnie Miller Address: Hannibal Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis / Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____ and last saw her/him alive on _____
Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Henry N Sweet (Degree or title) MD Coroner
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: 6/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/20/1961
23c. NAME OF CEMETERY OR CREMATORY: Macon Cemetery
23d. LOCATION (City, town, or county) (State): Macon Missouri

24. FUNERAL DIRECTOR ADDRESS: W. Crawford Smith Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 6/19/61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luche by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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_____ Signed W Clifford Smith

Signature of Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Hannibal Missou

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.