

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029919

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

162 Primary Registration District No. 5374 Registrar's No. 79

STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY Jefferson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bural Meamee Length of stay in 1b 8 yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Echo Lake Ranch Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY Jeff.  
 c. CITY OR TOWN EURICA MO Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) R.R. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
EARL RANKIN

4. DATE OF DEATH Month Day Year  
7-30-61

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-6-1910 9. AGE (last birthday) 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK 10b. KIND OF BUSINESS OR INDUSTRY Summer resort 11. BIRTHPLACE (City and state or country) Japan Mo 12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME James Rankin 13b. MOTHER'S MAIDEN NAME MARY GRIFFIN 14. NAME OF HUSBAND OR WIFE Nancy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address Mrs Stanley Uingi's Edwardsport Ind.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) CORONARY THROMBOSIS  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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 CORONER'S VIEW. and last saw her/him alive on \_\_\_\_\_  
 Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Rehder M.D. Coroner 22b. ADDRESS Feetns, Mo. 22c. DATE SIGNED 7/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE Aug 6 1961 23c. NAME OF CEMETERY OR CREMATORY Town Cem. 23d. LOCATION (City, town, or county) (State) Edwardsport Ind.

24. FUNERAL DIRECTOR ADDRESS Ives Pounder Sandburn Ind. 25. DATE RECD. BY LOCAL REG. Aug 2 - 61 26. REGISTRAR'S SIGNATURE Robert E. Bauer

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Herbert J. Gou Jr

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo

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.