

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002501

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5638 Registrar's No. 5

FILED FEB 14 1962

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bates City</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Bates City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home Spi-a-bae</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>Hetty</u> Middle <u>Virginia</u> Last <u>Rankin</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>11</u> Year <u>1962</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>2-10-70</u>		9. AGE (last birthday) <u>92</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>At Home Ret. Mail Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Carrier</u>		11. BIRTHPLACE (City and state or country) <u>Bates City, Mo.</u>			12. CITIZEN OF WHAT COUNTRY						
13a. FATHER'S NAME <u>James W. Stabaugh</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Nickall</u>				14. NAME OF HUSBAND OR WIFE <u>F.W. Rankin (Deceased)</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>none</u>		17. INFORMANT Address <u>Mrs. Esther Ford, Bates City 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>Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Died suddenly in his home</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 Month, Day, Year a.m. p.m.		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 <u>last see Dec 1961</u> and last saw her him alive on <u>Dec 1961</u> Death occurred at <u>6 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>W. Martin</u>						22b. ADDRESS <u>Odessa Mo</u>				22c. DATE SIGNED <u>2-12-62</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 13, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bates City Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Bates City, Mo.</u>							
24. FUNERAL DIRECTOR ADDRESS <u>Husman-Sparks, Odessa, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>2-12-1962</u>		26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>									

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

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 William F. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, 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.