MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023361 ✓
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10021 Registrar's No. 3127

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 8150 X2
3
4 1
5 2
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7 1
8 1
9 4200
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12 66-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED JUL 6 1962

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Wilson
c. CITY OR TOWN: Neodesha
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 217 North 4th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First IDA Middle MAY Last RANKIN
4. DATE OF DEATH: Month June Day 11 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-16-1874
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Tuscola, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: G. K. Sipple
13b. MOTHER'S MAIDEN NAME: Mollie Brady
14. NAME OF HUSBAND OR WIFE: William A. Rankin
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.: None
17. INFORMANT: Loren Fawcett Address: Neodesha, Kansas

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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis, severe — 30 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Pneumonitis, Right lung
Pharyngeal - Esophageal Diverticulum
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 5/16/62, to 6/11/62 and last saw her alive on 6/11/62
Death occurred at 6/11/62 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John H Mayer Jr M.D.
22b. ADDRESS: 4620 J C Nichols, KC Mo.
22c. DATE SIGNED: 6/12/62
J. H. Mayer
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-12-62
23c. NAME OF CEMETERY OR CREMATORY: Neodesha Cemetery
23d. LOCATION (City, town, or county) (State): Neodesha, Kansas
24. FUNERAL DIRECTOR: Freeman Mortuary ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 6-13-62
26. REGISTRAR'S SIGNATURE: Ruth V Long

(Licensed Embalmer's Statement on Reverse Side)

Dr Mayer
or Dr Benst
Room 503
4620 Nichols Parkway
after 2 PM

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 J. P. Freeman
Signature of Student Embalmer

Licensed Embalmer No. 2939

P. O. Address K. C. 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.