

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39900

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6113 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> <u>100</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BENTON MO RFD</u>	c. LENGTH OF STAY (in this place) <u>5 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>BENTON MO RFD #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) <u>NICHOLAS</u> c. (Last) <u>RANSON II</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT 5, 1943</u>		9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABy</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>HANNIBAL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>LEONARD NICHOLAS RANSON</u>	13b. MOTHER'S MAIDEN NAME <u>EDNA MAE BASS</u>	14. NAME OF HUSBAND OR WIFE
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard N. Ranson -</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest &amp; Head Injuries</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>E 1/21</u>  <u>3</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Benton Scott Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-6-1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor turned Over</u>
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22. I hereby certify that I attended the deceased from First to last after 19 last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Heide Rae</u>	(Degree or title)	23b. ADDRESS <u>Carroll Sikeston Mo.</u>	23c. DATE SIGNED <u>11/6/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BENTON</u>	24d. LOCATION (City, town, or county) (State) <u>BENTON MO</u>
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DATE REC'D BY LOCAL REG. <u>11-15-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Addie Harris</u>	395	25. FUNERAL DIRECTOR'S SIGNATURE <u>0</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

100  
0  
0

NOV 23 1949

RECEIVED NOV 16 1949  
District Health Office No. \_\_\_\_\_  
District File Number 1149-116  
Date Filed \_\_\_\_\_

**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 .....  
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Hickston 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 this body is not embalmed, fact should be so stated above.