

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3450\*

State File No. ....

FILED JAN 30 1951

0972  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall-Mo.</u> c. LENGTH OF STAY (In this place) <u>3 Hrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> d. STREET ADDRESS (If rural, give location) <u>451 South Jefferson</u>	
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3. NAME OF DECEASED (Type or Print) <u>Lester Hall Ransberger</u>	a. (First) <u>Lester</u>	b. (Middle) <u>Hall</u>	c. (Last) <u>Ransberger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20-51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 13-1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	IF UNDER 4 HRS. Hours <u>3</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Piano Tuner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Repaired Pianos</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Andrew J. Ransberger</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Jane Neeley</u>	14. NAME OF HUSBAND OR WIFE <u>Anna C. Ransberger</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lester Ransberger-Marshall, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>	<u>1 min.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Strangulated inguinal hernia - 2 days</u>		
	DUE TO (c) <u>post-operative</u>		<u>5-10</u>
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 <u>Uncircumcited small bowel in hernia</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 20 Jan, 1951, to 20 Jan, 1951, that I last saw the deceased alive on 20 Jan, 1951, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. J. When M.D.</u>	23b. ADDRESS <u>Marshall, MO</u>	23c. DATE SIGNED <u>1-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bridge Park Cem Marshall, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Jan-22-1951</u>	REGISTRAR'S SIGNATURE <u>Sidney T Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leelan Barry - Marshall, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** *1/29/51*

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed *1/29/51*

**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 *J. Leslie Armstrong*

Licensed Embalmer No. *3235*

P. O. Address *9 Marshall, 7*

**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.