

FILED DEC 15 1951

STANDARD CERTIFICATE OF DEATH

State File No.

0570
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>Family Residence Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry, Mo., 65716</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>RANSELLUCAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 3-1951</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec-7-1875</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 24 YEARS Months <u>10</u> Days <u>28</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	---------------------------------	---	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Thornton Ransel</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Harvey</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

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.	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Whiteside</u> ADDRESS <u>ELSBERRY</u>
--	-------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 8-10, 1951, to 11-3, 1951, that I last saw the deceased alive on 11-3, 1951, and that death occurred at 7:04 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert N. Hull</u> (Degree or title) <u>Dr</u>	23b. ADDRESS <u>Elsberry, Mo</u>	23c. DATE SIGNED <u>11-5-51</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/8/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wana Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wash Farm near Elsberry, Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG <u>12-12-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>	455	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller</u> ADDRESS <u>Elsberry, Mo</u>
---	---	-----	--

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 11 1951

RECEIVED

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 Nov 5-1951

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elberry, Md

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.

