

No. 300
10.48

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41089

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 451 Registrar's No. 26

2280

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

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steelville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steelville</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED a. (First) <u>Richard</u> b. (Middle) <u>Madison</u> c. (Last) <u>Ransom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1951.</u>		
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>June 15, 1881</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Butts, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Daniel Ransom</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Osborn</u>		14. NAME OF HUSBAND OR WIFE <u>Lucindy Ransom</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>- - -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucindy Ransom, Steelville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Hemorrhage</u>		DUPLICATE OF (a)		<u>3 wks</u>	
ANTECEDENT CAUSES		DUPLICATE OF (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE OF (c) <u>Arteriosclerosis</u>		DUPLICATE OF (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular Heart Disease, Chronic.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</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)		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 8-10-1950, to 8-26-1951, that I last saw the deceased alive on 10-26-1951, and that death occurred at 12:10 AM from the causes and on the date stated above.

23a. SIGNATURE <u>John Charles Doubek Jr M.D.</u> (Degree or title)		23b. ADDRESS <u>Steelville Mo.</u>		23c. DATE SIGNED <u>10-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Butts, Missouri.</u>			

DATE REC'D BY LOCAL REG. <u>12-12-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>76</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Steelville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 10 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Thomas S. Gilbert

Signed.....
Student Embalmer

Licensed Embalmer No. 4332

P. O. Address Steeleville, Missouri

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.