

STANDARD CERTIFICATE OF DEATH

State File No. **19940**

No. 300
10.48
FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 3-1952

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived, or institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty Township</u>	
c. LENGTH OF STAY (If this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Feastburg, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jack Ransom Farm</u>			

3. NAME OF DECEASED a. (First) <u>Kenneth</u> (Type or Print)		b. (Middle) <u>Neil</u>		c. (Last) <u>RANSOM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-7-52</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>3-6-1928</u>		9. AGE (In years last birthday) <u>14</u> Months <u>3</u> Days <u>1</u> Hours <u></u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>			11. BIRTHPLACE (State or foreign country) <u>Feastburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Emory Jackson Ransom</u>		13b. MOTHER'S MAIDEN NAME <u>Willie E. Christopher</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>487-38-2294</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emory Jackson Ransom</u> ADDRESS <u>Feastburg, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Verdict of jury</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cause to his death by being hit by bolt of lightning thru radio aerial</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 _____		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>ON FATHER'S FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Twnsp Crawford Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-7-1952 3:40 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Hit by lightning bolt</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul R. Franklin, M.D.</u>		23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>7-8-52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-10-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Feastburg Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul R. Franklin</u>		ADDRESS <u>Cuba, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 8 1952</u>		REGISTRAR'S SIGNATURE <u>M. C. Davis, Deputy Registrar</u>		372	

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

2280
7

STATEMENT BY LICENSED EMBALMER

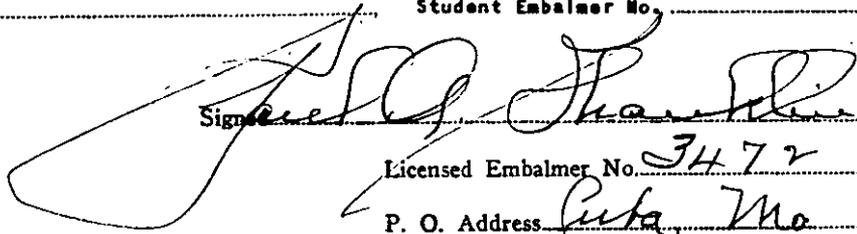
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signature



Licensed Embalmer No. 3472

P. O. Address Putnam, 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.