

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15626

State File No. ....

No. 300  
10.48

|                                                                                                                                                                                                                                                                                    |                               |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                                             |                                                   |                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                                    |                               | REG. DIST. NO. <u>133</u>                                                                                                                                                                                                                                                                                                                                                                                             |                                                            | PRIMARY REG. DIST. NO. <u>3022</u>                                                                                                          |                                                   | Registrar's No. <u>55</u>                                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Harrison</u>                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> |                                                   |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Bethany</u>                                                                                                                                                                                                    |                               | c. LENGTH OF STAY (in this place) <u>6 yrs.</u>                                                                                                                                                                                                                                                                                                                                                                       |                                                            | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sts Bethany</u>                                             |                                                   |                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Rest Home</u>                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            | d. STREET ADDRESS (If rural, give location) <u>S. 15th St.</u>                                                                              |                                                   |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Claude</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Ransom</u>                                                                                                                                                             |                               |                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>5-21-54</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>8-22-1902</u>                          | 9. AGE (In years last birthday) <u>51</u>                                                                                                   | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>29</u> | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u>                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>                                                                                                                                                                        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u></u>                                                                                                                                                                                                                                                                                                                                                                             |                                                            | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan County, Mo.</u>                                                              |                                                   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                                            |  |
| 13a. FATHER'S NAME <u>Daniel T. Ransom</u>                                                                                                                                                                                                                                         |                               | 13b. MOTHER'S MAIDEN NAME <u>Frances Morgan</u>                                                                                                                                                                                                                                                                                                                                                                       |                                                            | 14. NAME OF HUSBAND OR WIFE <u>Ruth M. Ransom</u>                                                                                           |                                                   |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>                                                                                                                                                       |                               | 16. SOCIAL SECURITY NO. <u>495-01-2434</u>                                                                                                                                                                                                                                                                                                                                                                            |                                                            | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth M. Ransom Bethany Mo</u>                                                                  |                                                   |                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                                     |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Pulmonary</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                            |                                                                                                                                             |                                                   | INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>                                       |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                                                       |                               | 19b. MAJOR FINDINGS OF OPERATION _____                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                                                             |                                                   | 20. AUTOPSY?<br>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) <u>002X</u>                                                                                 |                                                   |                                                                                     |  |
| 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 <u>5-1</u> , 19 <u>54</u> , to <u>5-21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-21</u> , 19 <u>54</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above. |                               |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                                             |                                                   |                                                                                     |  |
| 23a. SIGNATURE (Degree or title) <u>W. A. Broyles MD</u>                                                                                                                                                                                                                           |                               |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            | 23b. ADDRESS <u>Bethany Mo</u>                                                                                                              |                                                   | 23c. DATE SIGNED <u>5/22/54</u>                                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>                                                                                                                                                                                                                           |                               | 24b. DATE <u>5-31-1954</u>                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | 24c. NAME OF CEMETERY OR CREMATORY <u>Milan Mo.</u>                                                                                         |                                                   | 24d. LOCATION (City, town, or county) (State) <u>Milan Mo.</u>                      |  |
| DATE REC'D BY LOCAL REG. <u>5/24/54</u>                                                                                                                                                                                                                                            |                               | REGISTRAR'S SIGNATURE <u>Zola Burrows</u>                                                                                                                                                                                                                                                                                                                                                                             |                                                            | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MS Lane Bethany, Mo</u>                                                                         |                                                   |                                                                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 10 1954

JAN 19 1955

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 W. G. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.