

No. 300
10.48

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36176

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3672 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY OR TOWN Mt. Leonard	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 10
c. LENGTH OF STAY (In this place) 8 Days		• STREET ADDRESS (If rural, give location) 1/4 Miles South of Mt. Leonard	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Herbert	b. (Middle) Adolphus	c. (Last) Ransberger	4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4-1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 9	IF UNDER 2 HRS. Hours 0	IF UNDER 15 MIN. Mtn. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Farmer-Specialized in Short	10b. KIND OF BUSINESS OR INDUSTRY Horns-Salt Springs, Mo.	11. BIRTHPLACE (City and State or Foreign Country) U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Adolphus Ransberger	13b. MOTHER'S MAIDEN NAME Mary Naylor	14. NAME OF HUSBAND OR WIFE Opal Fulton Ransberger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Herbert A. Ransberger	ADDRESS Mt. Leonard, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver		INTERVAL BETWEEN ONSET AND DEATH 1 year
	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. Carcinoma Colon		

19a. DATE OF OPERATION June 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon (operated)	19c. 1561	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) _____	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 **June 1951**, to **Oct 13**, 19**54** that I last saw the deceased alive on **Oct 13**, 19**54** and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 10/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/15/54	24c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemetery	24d. LOCATION (City, town, or county) (State) Malta Bend, Missouri
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DATE REC'D BY LOCAL REG. 10-15-54	REGISTRAR'S SIGNATURE [Signature]	385	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
J. Lealie Sweeney

Licensed Embalmer No. *2323*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.