

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004948

FILED VS FEB 29 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in lb Yrs.	c. CITY OR TOWN Kirksville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Ost. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 610 W. Shelby		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mathew Goodson Ransom			4. DATE OF DEATH Month Day Year 2 14 60			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-10-89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cora, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Daniel Ransom		13b. MOTHER'S MAIDEN NAME Frances Morgan		14. NAME OF HUSBAND OR WIFE (Ransom) Rosie Ellen Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-10-6894	17. INFORMANT Rosie Ransom		Address 610 W. Shelby	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Terminal pneumonia</i> DUE TO (b) <i>Mitotic carcinoma</i> DUE TO (c) <i>adenocarcinoma of Capsule of prostate unknown</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>8 mo</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>1958</i> to <i>June 17</i> and last saw ^{her} him alive on <i>Feb 14, 1960</i> Death occurred at <i>2 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>W. L. Lutenashner</i> (Degree or title) <i>DD</i>			22b. ADDRESS <i>Kirksville MO</i>		22c. DATE SIGNED <i>2-16-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-16-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Highland Park Cem.</i>		23d. LOCATION (City, town, or county) <i>Kirksville, Mo.</i>		
24. FUNERAL DIRECTOR <i>Davis & Davis</i>		ADDRESS <i>Kirksville, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>2-26-1960</i>	26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
OCT 19 1960

M. T. GUTENSOHN, D. O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.