

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028040

FILED VS. JUL 20 1960

316

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

274

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>ST. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ESTHER, Mo.</b>		Length of stay in 1b	c. CITY OR TOWN <b>Esther, Mo.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Esther, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>Esther, Mo.</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Margaret</b> Last <b>Ransom</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1960</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 12 1887</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House- Wife</b>	11. BIRTHPLACE (City and state or country) <b>East Bonne Terre</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Figg</b>	13b. MOTHER'S MAIDEN NAME <b>Belinda Cook</b>	14. NAME OF HUSBAND OR WIFE <b>J. L. Ransom</b>
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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) <b>NO.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>J. L. Ransom</b> Address <b>Esther Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Cardio-vascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diverticulitis of colon</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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 _____
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21. I attended the deceased from <b>Jan 1955</b> to <b>7-4-60</b> and last saw her live on <b>7-4-60</b> Death occurred at <b>11:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>C. E. Carleton, M.D.</b> (Degree or title)	22b. ADDRESS <b>Farmington Mo</b>	22c. DATE SIGNED <b>7-5-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 7, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Mem Park</b>	23d. LOCATION (City, town, or county) (State) <b>Near Bonne Terre Mo.</b>
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24. FUNERAL DIRECTOR <b>R. Caldwell &amp; Sons Flat River, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>July 5 1960</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.