

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34764

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Irondale</u> <u>1100</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 Patterson</u>			d. STREET ADDRESS (If rural, give location) <u>/</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>RANSDELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3 1951</u>		
---	--	--	--	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH <u>Dec. 19 1859</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 4 HRS. Hours <u>/</u> Min. <u>/</u>
--------------------	-------------------------------	--	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Prestonville Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Thomas Ransdell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ringo</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Sloan Ransdell</u>
--	---	---

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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Ransdell, Farmington Mo.</u>	ADDRESS
---	--------------------------------------	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		<u>None</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>30 yrs.</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 <u>4200</u>	20. AUTOPSY? 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 8/17, 1951, to 10/1, 1951, that I last saw the deceased alive on 10/1, 1951, and that death occurred at 2 2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul J. Boudler, M.D.</u>	23b. ADDRESS <u>Med. Arts Bldg. Farmington, Mo.</u>	23c. DATE SIGNED <u>10/5/51</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Oct. 8, 1951</u>	REGISTRAR'S SIGNATURE <u>Ethel Ransdell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest White</u>	ADDRESS <u>White Funeral Home, Ironton Mo.</u>
---	--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

941
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 14 1951

RECEIVED

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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Frontier Ave

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.