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FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7281**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
c. LENGTH OF STAY (in this place) 4 years		d. STREET ADDRESS (If rural, give location) 402 Patterson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 Patterson			

3. NAME OF DECEASED (Type or Print) a. (First) Earnest b. (Middle) Franklin c. (Last) Ransdell			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1953		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct. 20, 1897		9. AGE (in years last birthday) 55		If UNDER 1 YEAR: Months 3 Days 22 If UNDER 1 MIN. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant			10b. KIND OF BUSINESS OR INDUSTRY State Hospital		11. BIRTHPLACE (City and State or Foreign Country) Caledonia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Ransdell		13b. MOTHER'S MAIDEN NAME Mary Sloan		14. NAME OF HUSBAND OR WIFE Myrtle Ransdell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-34-0427		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle Ransdell, Farmington,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiomegal ventricular tachycardia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Brain tumor Chromophobe adenoma of pituitary gland DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 13 yrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 195x	
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 **July 19, 51**, to **Feb. 12, 1953**, that I last saw the deceased alive on **Feb. 2, 1953**, and that death occurred at **8:15** m., from the causes and on the date stated above.

23a. SIGNATURE E. Ransdell, M.D. (Degree or title)		23b. ADDRESS Farmington, Mo		23c. DATE SIGNED 2/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 14, 53		24c. NAME OF CEMETERY OR CREMATORY Big River	
24d. LOCATION (City, town, or county) (State) Irondale, Missouri					

DATE REC'D BY LOCAL REG. Feb. 14, 1953		REGISTRAR'S SIGNATURE Esther Rudloff 289-00		25. WHERE DECEASED'S SIGNATURE ADDRESS White Funeral Home Ironton, Mo.	
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(Licensed Embellisher's Statement on Reverse Side)

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

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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

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, Missouri

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.