

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38030

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 360

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2423 Market St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>Etta</u> c. (Last) <u>Ransdell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-26-54</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/12/1890</u>	9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 12 MTHS. Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>-----</u>		13b. MOTHER'S MAIDEN NAME <u>Irvilla Tatman</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Ransdell</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Clifton Ransdell</u>		ADDRESS <u>612a Center St.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION <u>Hannibal, Mo.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral vascular accident</u>		DUPLICATE OF (b) <u>cerebral arteriosclerosis</u>				4 years	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUPLICATE OF (c)					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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 11-25-54, 1954, to 11-26-54, 1954, that I last saw the deceased alive on 11-26-54, 1954, and that death occurred at 1:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. E. Sultzman M.D.</u>		23b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>		23c. DATE SIGNED <u>11-30-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/29/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bunn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Philadenhia, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11/30/54</u>		REGISTRAR'S SIGNATURE <u>St. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. O'Connell</u>		ADDRESS <u>Hannibal Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 7 1956
MARION CO. HEALTH DEPT.
DATE FILED DEC 7 1956

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..... *L. M. C. Wansell*

Licensed Embalmer No. *3888*

P. O. Address..... *Kennett*

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.