

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38769

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 401

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		Marion		a. STATE		Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Hannibal		b. COUNTY		Marion	
OR TOWN		Hannibal		c. CITY OR TOWN		Hannibal	
c. FULL NAME OF (If NOT in hospital, give location)		209 So. Locust		d. STREET ADDRESS (If outside, give location)		209 So. Locust	
HOSPITAL OR INSTITUTION		Length of stay in: b		Reside on Farm		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First		Middle		Last		Month Day Year	
John		H.		Ransdell		11-8-1956	
5. SEX		6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
Male		White		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		4/9/1927	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)		11. BIRTHPLACE (City and state or country)	
Salesman		Salesman		29		Hannibal, Missouri	
13. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY?			
John A. Ransdell				U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address	
Yes <input checked="" type="checkbox"/> WW II				487-30-4593		Mrs. Helen Ransdell, 209 S. Locust	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Hemorrhage into pericardial sac							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Rupture of old, healed aortic aneurysm							
DUE TO (c) Traumatic Aneurysm							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
Hour Month, Day, Year			20f. CITY, TOWN, OR LOCATION				
a. m. p. m.			COUNTY STATE				
20d. INJURY OCCURRED			20e. CITY, TOWN, OR LOCATION				
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			COUNTY STATE				
21. I attended the deceased from _____ to _____ and last saw her alive on _____							
Death occurred at <u>11:30 P.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title)				22b. ADDRESS		22c. DATE SIGNED	
<u>S. M. O'Donnell</u> (Doctor)				<u>Hannibal Mo.</u>		<u>11-12-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		11-12-56		Grand View Burial Park		Hannibal, Missouri	
24. FUNERAL DIRECTOR			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
<u>S. M. O'Donnell</u>			<u>11/14/56</u>		<u>W. M. Lucke, Reg. H. O. Fisher</u>		
ADDRESS			Hannibal, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED NOV 19 1956
MARION CO. HEALTH DEPT.
DATE FILED NOV 19 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 *W M O'Donnell*

Licensed Embalmer No. 388

P. O. Address Hannibal

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