MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0016593
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 321

FILED APR 20 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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DATE AMENDED | ITEM NO. | SHOULD READ | INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: MADISON Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FREDERICKTOWN
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: OZARK NURSING HOME
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN: ESTHER
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ESTHER - MO
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle Lewis Last RANSOM

4. DATE OF DEATH: Month April Day 10, Year 1966

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3/7/1875

9. AGE (last birthday): 91
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: LABORER

11. BIRTHPLACE (City and state or country): NEAR BONNE TERRE

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM J. RANSOM

13b. MOTHER'S MAIDEN NAME: ELIZABETH ROWAN

14. NAME OF ~~HUSBAND~~ OR WIFE: MARGARETT A. PIGG

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.: NONE

17. INFORMANT Address: ELIZABETH CREPPS - FLAT RIVER MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — years
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 29 June 1965 to 10 April 66 and last saw ~~him~~ alive on 8 April 66
Death occurred at 3:21 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. A. Michaelis, M.D. R A Michaelis MD

22b. ADDRESS: Fredericktown, Missouri 63645

22c. DATE SIGNED: 10 Apr 66

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 4-13-66

23c. NAME OF CEMETERY OR ~~CREMATORY~~: ST FRANCOIS MEMO PARK

23d. LOCATION (City, town, or county) (State): NEAR BONNE TERRE - MO.

24. FUNERAL DIRECTOR ADDRESS: CALDWELL & SONS - FLAT RIVER - MO.

25. DATE RECD. BY LOCAL REG.: 4-13-66

26. REGISTRAR'S SIGNATURE: Mark H Manning Act By pa JP

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 2 1966

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River Mo.

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.