

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016527

FILED VS APR 19 1960 316

Registration District No. - Primary Registration District No. - Registrar's No. 146

STATE FILE NUMBER

| | | | | | | | | |
|--|---|---|--|---|---|--|---|-------|
| 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, give TOWNSHIP only) OR TOWN Desloge | | Length of stay in 1b 7 Years | | c. CITY OR TOWN Desloge | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 S Lincoln | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 500 S Lincoln | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Hattie Middle Elizabeth Last Randolph | | | 4. DATE OF DEATH Month April Day 11 Year 1960 | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Jun. 4, 1886 - 73 | 9. AGE (last birthday) | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City, and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY U S A. | |
| 13a. FATHER'S NAME John Dane | | | 13b. MOTHER'S MAIDEN NAME Ann Douglas | | | 14. NAME OF HUSBAND at death Millard Randolph (Dec) | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mrs. Nina Yancheck, Desloge, 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) CEREBRAL VASCULAR ACCIDENT | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 30 MIN. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) VASCULAR HYPERTENSION | | | | | | | 1 YR. | |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | Month, Day, Year | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 DEC. 1958 to 4-11-60 and last saw her born alive on 4-7-60 Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) C.E. Howell, D.O. | | | | 22b. ADDRESS 7 1/2 St River, Mo. | | | 22c. DATE SIGNED 4-12-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3/14/1960 | 23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery | | 23d. LOCATION (City, town, or county) (State) Franklney, Missouri | | | |
| 24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son Desloge, Mo | | | 25. DATE RECD. BY LOCAL REG. April 13, 1960 | | 26. REGISTRAR'S SIGNATURE Ether Redloff | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Burlin T. Boyer, Jr., Student Embalmer No. 599
working under my personal supervision.

Student

Burlin T. Boyer Jr.
Signature of Student Embalmer

Signed

B. T. Boyer

Licensed Embalmer No. 3.6.6.0.

P. O. Address Desloge, Mo.

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