

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5816
 Do not use this space.

REGD MAR 15 1939

1. PLACE OF DEATH 2

(a) County Bates / Registration District No. 50

(b) Township / Primary Registration District No. 3004

(c) City Butler (d) Street No. Registered No. 8

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Merlyn, Richard Randolph

(a) Residence, No. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	1	16	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bates Co near Butler
 (STATE OR COUNTRY) mo

FATHER

13. NAME Marble Randolph

14. BIRTHPLACE (CITY OR TOWN) St Clair Co
 (STATE OR COUNTRY) mo

MOTHER

15. MAIDEN NAME Juanita Weddier

16. BIRTHPLACE (CITY OR TOWN) nevada
 (STATE OR COUNTRY) mo

17. INFORMANT Marble Randolph
 (ADDRESS) Butler mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tarman DATE Feb. 10, 1939

19. FUNERAL DIRECTOR (NAME) Culver's
 (ADDRESS) Butler mo

20. FILED Feb. 16, 1939 Mina L Culver
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Birth 1938 to Feb 14, 1939

I last saw him alive on Feb 14, 1939 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

Cerebral

Date of onset

15 10'

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify M. D.
 (Signed) Arthur ...
 (Address) Butler, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No

District File Number 7-39-42

Date Filed 3-10-39

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.....

Denton Lisle....., Registered Apprentice No. 163
working under my personal supervision.

Signed Harry G. Newell

Licensed Embalmer No. 3111

P. O. Address Butler, 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 this body is not embalmed, above space should be left blank.