

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22645  
Registrar's No. 98

Registration District No. 82 Primary Registration District No. 3017

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town Boonville Mo  
(c) Name of hospital or institution: St Joseph Boonville Mo  
(d) Length of stay: In hospital or institution About 24 hrs.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town Higbee Mo  
(d) Street No. 1  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME John Terril Randolph  
3. (b) If veteran, name war 3. (c) Social Security No.  
4. Sex Male 5. Color or race White  
6. (b) Name of wife Axie Randolph  
7. Birth date of deceased July 27 1878

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July 22 Day 22 Year 1948 hour 12 minute 45 a. M.  
21. I hereby certify that I attended the deceased from March 30th 1948 to July 27 1948  
that I last saw him alive on July 21 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocardial infarction

8. AGE: Years 69 Months II Days 25 If less than one day hr. min.

Due to Arteriosclerotic coronary thrombosis 3 days  
Due to Arteriosclerosis of coronary arteries unknown  
Other conditions Pulmonary infection 2 days  
Major findings: Papilloma, benign, of bladder  
Of operations Diabetes mellitus - 11 years  
PHYSICIAN  
Of autopsy Confusion above diagnoses

9. Birthplace Marion Co., Mo.  
10. Usual occupation Banker  
11. Industry or business

MOYER FATHER

12. Name Samuel Randolph  
13. Birthplace Virginia  
14. Maiden name Martha Fisher  
15. Birthplace Virginia

16. (a) Informant Mrs Axie Randolph  
(b) Address Higbee Mo.  
17. (a) Burial City Cem Higbee Mo (b) Date thereof July 25 1948  
(c) Place: burial or cremation City Cem Higbee Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place)  
(e) Means of injury  
23. Signature N. Nulsmann (M. D. or other) M.D.  
Address 325 Main Boonville, Mo. Date signed 7-25-48

18. (a) Signature of funeral director Joe W. Burton  
(b) Address Higbee Mo.  
19. (a) 7-25-48 (b) D. Hooper Registrar's signature

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

RECEIVED  
District Health Officer No. 81  
District File Number 8-10-48  
Date Filed

AUG 26 1949

FEB 24 1950

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *E. Drennon*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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, fact should be so stated above.