No. 300
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FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23263

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 19

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

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birch Tree 101
d. STREET ADDRESS (If rural, give location): Rural Route #4 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ulysess
b. (Middle): Madison
c. (Last): Randolph

4. DATE OF DEATH (Month) (Day) (Year): June 30-49

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 21-1863
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 3 Days 9 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pine Bluff Arkansas 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Mattie Randolph
13b. MOTHER'S MAIDEN NAME: Lydia Cranford
14. NAME OF HUSBAND OR WIFE: Mary E. Randolph

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'S SIGNATURE OR NAME / ADDRESS: E. L. Randolph Birch Tree, Mo Rt 4

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Nephritis

INTERVAL BETWEEN ONSET AND DEATH: 151X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25, 1949 *to* June 30, 1949, *that I last saw the deceased alive on* June 30, 1949, *and that death occurred at* 5:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R. Shaffer DO. L
23b. ADDRESS: Mtn. View Mo.
23c. DATE SIGNED: 7/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3-49
24c. NAME OF CEMETERY OR CREMATORY: Summersville
24d. LOCATION (City, town, or county) (State): Summersville, Mo.

DATE REC'D BY LOCAL REG.: 7/11/49
REGISTRAR'S SIGNATURE: Laura Mitchell 126
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Duncan Funeral Home Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-12-49
District Health Officer No. 6,
District File Number 249521
Date Filed 2-22-49

OCT 31 1949

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 .....
Student Embalmer

Signed Joe L. Duncan
Licensed Embalmer No. 4325
P. O. Address Mtn View, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.