

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34653

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 358	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Pettis		b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sedalia)		a. STATE Missouri		b. COUNTY Pettis	
c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		d. STREET ADDRESS (If rural, give location) 201 S. Grand			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Betty		b. (Middle) Sue	c. (Last) RANDALL		(Month) Oct.	(Day) 25	(Year) 1949
(Type or Print)							
5. SEX Female		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct-15-1932		9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months 0 Days 10
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 (State or foreign country) Springfield Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roy C. Wills		13b. MOTHER'S MAIDEN NAME Edith Brown		14. NAME OF HUSBAND OR WIFE Chas. L. Randall			
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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Roy C. Wills		ADDRESS Sedalia	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ECLAMPSIA				5 1/2 hours	
		ANTECEDENT CAUSES DUE TO (b) PREGNANCY				9 mos.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				6423	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1949, to Oct. 25, 1949, that I last saw the deceased alive on Oct 25, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE D.P. Edwards, M.D. (Degree or title)				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 10-20-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-27-49	24c. NAME OF CEMETERY OR CREMATORY, Crown Hill		24d. LOCATION (City, town, or county) Sedalia		(State) Mo
DATE REC'D BY LOCAL REG. 10-27-49		REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE 251 McLaughlin Bros		ADDRESS Sedalia Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 31

District Health Officer No. 8,

District File Number _____

Date Filed 11-3-49

NOV 4 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 K P Mcrary

Licensed Embalmer No. 3153

P. O. Address Sidellie 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.