

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43906

State File No.

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5887 Registrar's No. 21

0770 /

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

1. PLACE OF DEATH a. COUNTY <u>Ozark Co., Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elijah R. R.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elijah Rural Route</u>	
c. LENGTH OF STAY (in this place) <u>16mo.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Lushion</u> b. (Middle) <u>Darrel</u> c. (Last) <u>Rand</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May, 25, 1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Newberg, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>W. S. Rand</u>	13b. MOTHER'S MAIDEN NAME <u>Alton Cooper</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Rand</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>J. S. Rand, Elijah, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>419, of Lungs</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomach and</u> DUE TO (c) <u>Intestines</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-27, 1949 to 12-27, 1949 that I last saw the deceased alive on 12-27, 1949 and that death occurred at 8:49 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Keane M.D.</u>	(Degree or title)	23b. ADDRESS <u>Viola Park</u>	23c. DATE SIGNED <u>12-30-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bakersfield</u>	24d. LOCATION (city, town, or county) (State) <u>Bakersfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-8-50</u>	REGISTRAR'S SIGNATURE <u>William C. Eggen</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Roller Barber</u>	ADDRESS <u>Mtn Home Ark</u>
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(Licensed Embalmer's Statement on Reverse Side)

Jan 10 1950
District Health Office No. 6,
District File Number 150-83
Date Filed 1-19-50

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 *John M. Davies*

Licensed Embalmer No. 4620

P. O. Address Montone Ark

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.