

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9718

0910  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6036 Registrar's No. 191

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ripley Shitley Twp.</u><br>b. CITY OR TOWN <u>DONIPHAN</u><br>c. LENGTH OF STAY (in this place) <u>7 yrs</u>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u><br>c. CITY OR TOWN <u>DONIPHAN - RURAL</u><br>d. STREET ADDRESS <u>Shirley Township.</u> |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>LEWIS</u><br>b. (Middle) <u>AUSTIN</u><br>c. (Last) <u>RANDEL</u>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>2-10-1951</u>  |   | 5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |  | 8. DATE OF BIRTH<br><u>July 22, 1869</u>  |   | 9. AGE (in years last birthday) <u>81</u><br>if under 1 year: Months <u>6</u> Days <u>19</u><br>if under 12 hrs. Hours <u></u> Min. <u></u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMING</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u>   |   | 11. BIRTHPLACE (State or foreign country)<br><u>PERRY COUNTY TENNESSEE</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u>  |  | 13a. FATHER'S NAME<br><u>NANCY RANDEL</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>CAROLINE WHITWELL</u>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>MAJIE RANDEL</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |   | 16. SOCIAL SECURITY NO.<br><u>No</u>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>S.N. RANDEL</u>   |  | ADDRESS<br><u>DONIPHAN MISSOURI</u>   |   | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  |
| 19. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 <u>Aug</u> , 1949, to <u>2-5</u> , 1951, that I last saw the deceased alive on <u>2-5</u> , 1951, and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above. |  |   |   |   |  |
| 23a. SIGNATURE<br><u>Frank Johnson D MD</u>   |  | (Degree or title)   |   | 23b. ADDRESS<br><u>Doniphan Mo</u>  |  |
| 23c. DATE SIGNED<br><u>2/13/51</u>  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |   | 24b. DATE<br><u>2-12-1951</u>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>ONE STAR CEMETERY</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>RIPLEY COUNTY MISSOURI</u>  |   | DATE REC'D BY LOCAL REG.<br><u>2-22-51</u>  |  |
| REGISTRAR'S SIGNATURE<br><u>E. B. Johnston</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>L. W. ...</u>  |   | ADDRESS<br><u>Doniphan, Mo.</u>   |  |

RECEIVED

MAR 19 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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.....

2-10-1951

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed Ben P. Luckel

Licensed Embalmer No. 3475

P. O. Address Danphin, Missam

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.