

S. No. 300
V. 10.48

FILED OCT 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4564 State File No. 29443

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4045 Registrar's No. 721

1. PLACE OF DEATH a. COUNTY <u>Bellinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Zalma</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Zalma</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>U</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Zalma</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAWIE</u> b. (Middle) <u>RANDOLPH</u> c. (Last) <u>RANDOLPH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 9, 1873</u>
9. AGE (In years, if under 1 year, last birthday) Months Days <u>78</u> <u>6</u> <u>20</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Chattanooga, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Demons</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Ann Demons</u>	
13c. NAME OF HUSBAND OR WIFE <u>Harvey Randolph</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Randolph</u>		ADDRESS <u>Zalma, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Nervous System</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertension & Scurvy</u> DUE TO (c) _____ 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 <u>331X</u>	
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) (Min.)		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>27 Sept, 1951</u> , to <u>29 Sept, 1951</u> , that I last saw the deceased alive on <u>27 Sept, 1951</u> , and that death occurred at <u>2:45A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Merrill</u>		23b. ADDRESS <u>2 Advance Mo</u>	
23c. DATE SIGNED <u>29 Sept 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/30/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Beverly Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Zalma, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 5 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburg</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. DeBoer</u>		ADDRESS <u>Advance Mo</u>	

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

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RECEIVED

OCT 10 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.....

William H Morgan

working under my personal supervision.

Student Embalmer No.....

Signed.....

William H Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Advance, Md*

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.