

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11721

State File No. ....

FILED MAR 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Dexter,</u>	c. LENGTH OF STAY (If this space is used)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noah Lee Randolph</u>		d. STREET ADDRESS (If rural, give location) <u>XXXXXXSasaklss,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Noah</u> b. (Middle) <u>Lee</u> c. (Last) <u>Randolph</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>17,</u> (Year) <u>1952</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>Jan. 19. 1968</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Oblong, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Randolph</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Chrise</u>	14. NAME OF HUSBAND OR WIFE <u>Etta Randolph</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Wilma Randolph, Dexter, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 months</u>  <u>12 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 March 3, 1952, to March 17, 1952, that I last saw the deceased alive on March 17, 1952, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. J. Howell, a. Pae</u> (Degree or title) <u>L.O.</u>	23b. ADDRESS <u>Dexter Mo.</u>	23c. DATE SIGNED <u>3/17/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3. 19. 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-22-52</u>	REGISTRAR'S SIGNATURE <u>Selma V. Janbur</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Service, Dexter, M</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

**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

*Arthur March Watkins*

Licensed Embalmer No.

*4717*

P. O. Address

*Dexter, 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.