

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30827**
Registrar's No. **1038**

S. No. 300
V. 10-48

FILED OCT 6 1952

REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 1117	
c. LENGTH OF STAY (In this place) 28 yrs		d. STREET ADDRESS (If rural, give location) 2416 So 6th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Belva b. (Middle) L. c. (Last) Randall			4. DATE OF DEATH (Month) (Day) (Year) Sept 27 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	
8. DATE OF BIRTH 2/10/1895		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR 7 MONTHS 17 DAYS IF UNDER 14 HRS. 1 MIN.		11. BIRTHPLACE (State or foreign country) Troy Kansas	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME William Gibson		13b. MOTHER'S MAIDEN NAME Barbara Lang		14. NAME OF HUSBAND OR WIFE William Randall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Beulah Tribble 2416 So6th, City	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale		DUE TO (b) Pulmonary tuberculosis		DUE TO (c) none	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		none		none	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" 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.) none		21c. (CITY, TOWN, OR TOWNSHIP) none (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? none	

22. I hereby certify that I attended the deceased from May, 1952, to Sept 27, 1952, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE Allen Spelman MD (Degree or title)		23b. ADDRESS 706 Francis		23c. DATE SIGNED 9-27-52	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 9/29/52		24c. NAME OF CEMETERY OR CREMATORY Bellefont Cemetery	
24d. LOCATION (City, town, or county) Wathena (State) Kansas					

DATE REC'D BY LOCAL REG. Oct 3, 1952		REGISTRAR'S SIGNATURE Carl C. Casler		5. FUNERAL DIRECTOR'S SIGNATURE John R. [Signature]	
				ADDRESS St. Joseph	

(Licensed Embalmer's Statement on Reverse Side)

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

1117

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 _____

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.