

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15260**

FILED MAY 15 1953

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **4413** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FRANKFORD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FRANKFORD	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) GARDNER c. (Last) RANDOLPH			4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1953		
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JUNE 7 1867	9. AGE (In years last birthday) 85	10. MONTHS 1 11. DAYS 1 12. HOURS 1 13. MIN. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Practical nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) FRANKFORD, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME GARRISON GARDNER		13b. MOTHER'S MAIDEN NAME EMILY	
13c. NAME OF HUSBAND OR WIFE JOHN RANDOLPH		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Vivian South Frankford MD		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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Coma & Heart Failure			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes			
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 260 X	20. AUTOPSY? 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) (Min.)	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 **april**, 19**45**, to **May 4**, 19**53**, that I last saw the deceased alive on **May 3**, 19**53**, and that death occurred at **12:24 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. P. Hansen	(Degree or title) MD	23b. ADDRESS Frankford Mo	23c. DATE SIGNED May 4 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 6 1953	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETARY	24d. LOCATION (City, town, or county) (State) FRANKFORD MO

DATE REC'D BY LOCAL REG. May 6, 1953	REGISTRAR'S SIGNATURE Berniece Collier	25. FUNERAL DIRECTOR'S SIGNATURE Fielding Son Frankford Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

820
1

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 Jose Fields Negron

Licensed Embalmer No. 4093

P. O. Address Frankford 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.