

STANDARD CERTIFICATE OF DEATH

State File No. **15360**

FILED APR 20 1953

REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **94**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Saint Charles	b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles	a. STATE Missouri	b. COUNTY St. Charles
c. LENGTH OF STAY (in this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) Saint Charles	TOWN 0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital	d. STREET ADDRESS (If rural, give location) 510 1/2 Clay		
3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) Joseph	b. (Middle) Arthur	c. (Last) Randolph	(Month) April (Day) 15 (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1882
9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. DATE OF DEATH (Give kind of work done during most of working life, even if retired) Welder	10b. KIND OF BUSINESS OR INDUSTRY retired		

13a. FATHER'S NAME John W. Randolph	13b. MOTHER'S MAIDEN NAME Charity Fields	14. NAME OF HUSBAND OR WIFE Mary Ellen (Nee Grecon)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 492-01-9448	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Nagel, Jennings, Mo.
17. ADDRESS		

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardio vascular renal disease.			sev. mo.
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Spontaneous pneumothorax			7 days
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Emphysema			3 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442x	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 2-10-50, 19___, to 4-15___, 1953, that I last saw the deceased alive on 4-15, 1953, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS 114 N. Main St., St. Chas. Mo.	23c. DATE SIGNED 4-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.		

DATE REC'D BY LOCAL REG. April 17, 1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS
--	--	---	----------------

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
23

APR 29 1953

SEP 10 1953

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 Frank R. Amalson

Licensed Embalmer No. 4832

P. O. Address St Charles

Notes: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.