

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **45511**
 Registrar's No. **12125**

FILED JAN 19 1954
 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY 0 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. CITY OR TOWN Cuba. | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital | | e. STREET ADDRESS (If rural, give location) 0280 | |

| | | | | |
|-------------------------------------|----------------------------|-----------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Lawrence | b. (Middle) M. | c. (Last) Randall | 4. DATE OF DEATH (Month) (Day) (Year) December 22, 1953 |
|-------------------------------------|----------------------------|-----------------------|--------------------------|--|

| | | | | | | |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 5, 1886. | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 YEAR Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

| | | | |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jobber | 10b. KIND OF BUSINESS OR INDUSTRY Oil Distributor | 11. BIRTHPLACE (City and State or Foreign Country) Union County, Illinois. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
|---|--|---|--|

| | | |
|--|--|--|
| 13a. FATHER'S NAME James C. Randall | 13b. MOTHER'S MAIDEN NAME unavailable | 14. NAME OF HUSBAND OR WIFE Myrtle M. Randall |
|--|--|--|

| | | | |
|---|-------------------------------------|---|---------|
| 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. Nil. | 17. INFORMANT'S SIGNATURE OR NAME Everett Randall, Anna, Illinois. | ADDRESS |
|---|-------------------------------------|---|---------|

| | | | |
|---|---|--|---|
| 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 1 Day |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarct | | Unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion 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 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.) | 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? 4201 |
|--|--|--|

22. I hereby certify that I attended the deceased from **12/13, 1953**, to **12/22, 1953**, that I last saw the deceased alive on **12/22, 1953**, and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

| | | |
|--|--|----------------------------------|
| 23a. SIGNATURE H. Bradley (Degree or title) M.D. | 23b. ADDRESS 600 South Kingshighway | 23c. DATE SIGNED 12/23/53 |
|--|--|----------------------------------|

| | | | |
|--|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12-26-53 | 24c. NAME OF CEMETERY OR CREMATORY Jonesboro | 24d. LOCATION (City, town, or county) (State) Jonesboro, Illinois. |
|--|---------------------------|---|---|

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. DEC 23 1953 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington. |
|---|---|---|

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

JAN 10 1954

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.....
Signature of Student Embalmer

Signed *J. W. Dumble*.....

Licensed Embalmer No. 365

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.