

No. 300
10.48

FILED APR 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12969

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

8 20
4

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4419 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEARBORN</u>		c. LENGTH OF STAY (In this place) <u>6 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTE CITY</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EDWARD'S NURSING HOME</u>			d. STREET ADDRESS (If rural, give location) <u>1082 1/2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANNIE</u> b. (Middle) <u>JANE</u> c. (Last) <u>RANDLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-54</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 11, 1874</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>TEXAS CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>JASPER STUBBS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FREELS</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN RANDLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.B. STUBBS PLATTE CITY, MO.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>1 year</u>
			DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis</u>		<u>2 years</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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 <u>1-1</u> , 19 <u>54</u> , to <u>4-13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-11</u> , 19 <u>54</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. L. Lorchman, M.D.</u> (Degree or title)			23b. ADDRESS <u>Lorchman, Mo.</u>		23c. DATE SIGNED <u>4-18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CAMPDEN POINT CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CAMPDEN POINT, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-15-54</u>		REGISTRAR'S SIGNATURE <u>Bethia Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>257</u> ADDRESS <u>VAUGHN-AUFREANS DEARBORN, MO.</u>		

(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

W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.