

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1048**

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Township</u> d. STREET ADDRESS <u>3 miles southeast of Annapolis</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Mae</u> c. (Last) <u>Randall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1955</u>
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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>June 2, 1887</u>	9. AGE (In years last birthday) <u>67</u> If under 1 year: Months <u>7</u> Days <u>8</u> If under 1 mos. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lysander Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Jeanetta Tillis</u>	14. NAME OF HUSBAND OR WIFE <u>William Randall</u>
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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>381-07-5834A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elsie Dinholz, Arcadia, Mo.</u>
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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, asthenia, 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) <u>Fractured Skull</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shock</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<u>E8104</u> <u>20</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #21</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ironton Iron Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-10-54</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Collided @ Intersection</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C.A. Howell, 3 Coronet Ironton, Mo.</u>	23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>1-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arcadia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-16-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 24 1955

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 Amel White

Licensed Embalmer No. 3012

P. O. Address Houston Tex

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.