

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1584

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5629</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Hooker T.S.</u>		c. LENGTH OF STAY (In this place) <u>10 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Hooker T.S.</u> <u>0530</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon, Brice Rt./</u>				d. STREET ADDRESS (If rural, give location) <u>Lebanon, Brice Rt.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) c. (Last) <u>Randall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1955</u>				
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>3</u>	8. DATE OF BIRTH <u>May 3, 1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.G. Randall</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown.</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>H.C. Appleberry, Lebanon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL APOPLEXY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL HEMORRHAGE</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIO SCLEROSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>—</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) <u>331X</u>			
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>1-26, 1955</u> to <u>2-8, 1955</u> , that I last saw the deceased alive on <u>2-8, 1955</u> , and that death occurred at <u>5:30A m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Dr. A. H. Krause</u> <u>L.O.O.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>2/9/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Bolles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-10-1955</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> <u>424</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.R. Palmer</u> <u>Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received 2-12-55
Laclede County Health Unit
File No. 19
Date Filed 2-12-55

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 Stanley R. Palmer Jr

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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.