

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8721

BIRTH NO. 15608-55 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bedford Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u> <u>0510</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Darrell</u> c. (Last) <u>Rand</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 10, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>3-9-55</u>
9. AGE (In years) (last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Troy, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DOIS D. RAND</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA IRVIN</u>	
14. NAME OF HUSBAND OR WIFE			
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>DOIS RAND</u>		ADDRESS <u>WINFIELD, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Marsina Left Atelectasis Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) <u>none</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>none</u>	
II. OTHER SIGNIFICANT CONDITIONS		Partial right Atelectasis Lung <u>2 days</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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>March 9, 1955</u> , to <u>March 10, 1955</u> , that I last saw the deceased alive on <u>March 10, 1955</u> , and that death occurred at <u>10:45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Norman K. Muschay MD</u>		23b. ADDRESS <u>Troy, Mo</u>	
23c. DATE SIGNED <u>March 21, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-12-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S E+R</u>		24d. LOCATION (City, town, or county) (State) <u>Old Monroe, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-26-55</u>		REGISTRAR'S SIGNATURE <u>Emmanuel B. Riddle</u> 162	
5. FUNERAL DIRECTOR'S SIGNATURE <u>Edsel E. Ederberg</u>		ADDRESS <u>Edsberry, Mo</u>	

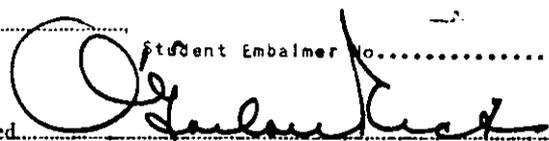
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Signed.....



Student Embalmer No.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elbery, 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.