

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22587

State File No.

FILED JUL 20 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN	c. LENGTH OF STAY (In this place) 17 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2506 JOPLIN STREET		d. STREET ADDRESS (If rural, give location) 2506 JOPLIN ST.	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANCIS	b. (Middle) M.	c. (Last) (FRANK) RANDOL	4. DATE OF DEATH (Month) (Day) (Year) JULY 9, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 28, 1882	9. AGE (In years last birthday) 73	# UNDER 1 YEAR Months Days	# UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (State or foreign country) DIAMOND, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM C. RANDOL	13b. MOTHER'S MAIDEN NAME SARAH STEWART	14. NAME OF HUSBAND OR WIFE HESTER A. RANDOL
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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) UNK	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MRS HESTER A. RANDOL ADDRESS 2506 JOPLIN ST.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute endocarditis		3 days
	ANTECEDENT CAUSES DUE TO (b) Gangrene & septicemia		6 weeks
	DUE TO (c) Diabetes mellitus		5 years
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 260X			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 3-23-55, 1955, to 7-9-55, 1955, that I last saw the deceased alive on 7-9-55, 1955, and that death occurred at 9:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.	23b. ADDRESS Joplin, Missouri.	23c. DATE SIGNED 7-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-12-55	24c. NAME OF CEMETERY OR CREMATORY DIAMOND CEMETERY	24d. LOCATION (City, town, or county) (State) DIAMOND, MISSOURI
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DATE REC'D BY LOCAL REG. 7-15-55	DECEASED'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Super County Health Office
County File Number 55-7-484
Filed JUL 19 1955

SEP 29 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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.