

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35380

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2494

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>	c. LENGTH OF STAY (In this place) <u>1 DAY</u>	c. CITY OR TOWN <u>CRESCENT</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD WILLIAM</u> b. (Middle) <u>RANDELL</u> c. (Last) <u>RANDELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 27 55</u>		
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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>JAN 25 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MAX RANDELL</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH TOWNE</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ANNA BILLINGSLEY</u>	ADDRESS <u>CRESCENT</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490x</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 10-26, 1955, to 10-27, 1955, that I last saw the deceased alive on 10-27, 1955, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph G. Ernst M.D.</u>	23b. ADDRESS <u>Clayton 601 S. BRENTWOOD</u>	23c. DATE SIGNED <u>10/28/55</u>
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24a. BURIAL, CREMATION (REMOVAL) <u>Removal</u>	24b. DATE <u>10/28/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PACIFIC CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PACIFIC, MO</u>
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DATE REC'D BY LOCAL REG. <u>10/28/55</u>	REGISTRAR'S SIGNATURE <u>Herbert B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm L. Thiebes</u>	ADDRESS <u>Pacific, Mo</u>
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jno L. Thibbes*.....
Licensed Embalmer No. *300*.....

P. O. Address *Pacific, N.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.