S. No. 300
v. 10.48

FILED AUG 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24733

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 631

1. PLACE OF DEATH
a. COUNTY: Ripley.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan.
c. LENGTH OF STAY (in this place): 13 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EAST PART OF DONIPHAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Ripley.
c. CITY OR TOWN: Doniphan.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): EAST PART OF DONIPHAN.

3. NAME OF DECEASED (Type or Print)
a. (First): Rutha
b. (Middle): Elizabeth
c. (Last): Randel.

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1956.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: August 27, 1895.
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months 9 - Days 18 - IF UNDER 24 HRS.: Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10b. KIND OF BUSINESS OR INDUSTRY: Housewife.
11. BIRTHPLACE (City and State or Foreign Country): Bennett, Ripley Co., Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: E. W. Bell.
13b. MOTHER'S MAIDEN NAME: Taifene Gordon.
14. NAME OF HUSBAND OR WIFE: Guy R. Randel.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: John W. Randel. ADDRESS: Detroit, Mich.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery thrombosis, acute — INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — Undetermine
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Adenocarcinoma, fundus, uterus 172X — 3 Mos.

19a. DATE OF OPERATION: 6-4-56
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, fundus, uterus Panhysterectomy performed.
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-30-, 1956, *to* 6-14-, 1956, *that I last saw the deceased alive on* 6-14-56, 19__, *and that death occurred at* 2:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. L. May, Jr.
(Degree or title): M. D.
23b. ADDRESS: 330 No. Second St. Poplar Bluff, Missouri
23c. DATE SIGNED: 6-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-17-56
24c. NAME OF CEMETERY OR CREMATORY: Doniphan Cemetery
24d. LOCATION (City, town, or county) (State): Doniphan, Missouri.

DATE REC'D BY LOCAL REG.: 6-28-56
REGISTRAR'S SIGNATURE: C. A. Johnston
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ray Meanor. Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

277—

FEB 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Ray Means.....

Licensed Embalmer No..37.4.3...

P. O. Address..Doniphan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.