

FILED NOV 19 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

37702

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1021

| | | | | | | | |
|---|-----------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Bois D'Arc</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.R. Burge Hospital (D.O.A.)</u> | | | Length of stay in ^b | d. STREET ADDRESS (If outside, give location) <u>RFD 1</u> | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Harris</u> Middle <u>Wesley</u> Last <u>Randles</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>8</u> Year <u>1956</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>April 10-1911</u> | | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 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>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Barry County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Gury Randles</u> | | | 14. MOTHER'S MAIDEN NAME <u>Minnie ?</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | | 16. SOCIAL SECURITY NO. <u>49-12-3410</u> | 17. INFORMANT <u>Mrs Harris Randles</u> Address <u>Bois D'Arc Mo. R1</u> | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Arteriosclerotic heart disease</u> | | DUE TO (c) | | | unknown |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour <u>11:00</u> Month <u>Nov.</u> Day <u>8</u> Year <u>1956</u> a. m. <u>11:00</u> p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>1954</u> to <u>Nov. 8, 1956</u> and last saw her alive on <u>10/31/56</u> Death occurred at <u>Approx. 11:00 A.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>L. Richard Webb, M.D.</u> | | | | 22b. ADDRESS <u>609 Cherry St., Springfield, Mo</u> | | 22c. DATE SIGNED <u>11/9/56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 10, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Johns Chapel</u> | | 23d. LOCATION (City, town, or county) (State) <u>Greene County Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>J.W. Birch</u> ADDRESS <u>Ash Grove Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>11-13-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | | |

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 *Richard E. Watts*.....

Licensed Embalmer No. *46*.....

P. O. Address *Ash Grove*.....

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