

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

352

STATE FILE NUMBER

42

1000

39

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Linn</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Joseph</i>		- Inside Limits - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Chillicothe</i>		- Inside Limits - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State H. #2, Kansas</i>				Length of stay in lb		d. STREET ADDRESS <i>?</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>NOBLE</i> Middle <i>H.</i> Last <i>RANDALL</i>				4. DATE OF DEATH Month <i>1</i> Day <i>15</i> Year <i>57</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>12-29-73</i>	
9. AGE (In years last birthday) <i>82</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>		IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Electrician</i>		11. BIRTHPLACE (City and state or country) <i>Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>Orlando Randall</i>				14. MOTHER'S MAIDEN NAME <i>Mar Ann Lee</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMATION <i>State Hospital #2 Records St. Joseph, Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Branch pneumonia</i> DUE TO (b) <i>Asymptomatic heart</i> DUE TO (c) <i>Old age</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>4343</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
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 <i>?</i> Month <i>?</i> Day <i>?</i> Year <i>?</i> a. m. <i>?</i> p. m. <i>?</i>							
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 <i>11-8-56</i> to <i>1-15-57</i> and last saw <i>him</i> alive on <i>1-15-57</i> . Death occurred at <i>1:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>H. F. Munday M.D.</i>				22b. ADDRESS <i>St. Joseph, Mo.</i>		22c. DATE SIGNED <i>Jan 10-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>remove</i>		23b. DATE <i>1/15/1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Chillicothe Mo.</i>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Nestor Bowman</i>				ADDRESS <i>St Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan 17, 1957</i>	
				26. REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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APR 9 1958

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 *James P. Hawkins*

Licensed Embalmer No. 45
P. O. Address 319 So 10th St

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