

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004440
State File No.

FILED MAR 12 1958

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

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Wayne Township</u>	c. LENGTH OF STAY (In this place) <u>86</u>	c. CITY OR TOWN <u>Wayne Township</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Puxico Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Route 2 Puxico Mo, 0090</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u>	b. (Middle) <u>Ellen</u>	c. (Last) <u>Randolph,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb, 22 58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan, 16 1872</u>
9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 6 YEARS Days <u>6</u>	IF UNDER 24 HRS. Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Zalma Missouri,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James F. Davis,</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Acre,</u>	14. NAME OF HUSBAND OR WIFE <u>Ramsey Randolph</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) In (If yes, give year or dates of service) <u>not applicable</u>	16. SOCIAL SECURITY NO. <u>*****NO.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Bennett St Louis Mo,</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>794X</u>	
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?	
22. I hereby certify that I attended the deceased from <u>1956</u> , to <u>12-7</u> , 1957, that I last saw the deceased alive on <u>12-7</u> , 1957, and that death occurred at <u>8:00pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>V.H. Prillings</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Puxico, Mo</u>	23c. DATE SIGNED <u>2-25-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Zalma Missouri,</u>
DATE REC'D BY LOCAL REG. <u>3/3/58</u>	REGISTRAR'S SIGNATURE <u>Miss Buford Coker</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins and Sons Puxico Mo</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..... *Earl M. Walker*

Licensed Embalmer No. *4966*

P. O. Address..... *Oyster 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.