

FILED MAY 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017079  
STATE FILE NUMBER

Registration District No. 355 Primary Registration District No. 6202 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Summersville CARRA</u>		c. CITY OR TOWN <u>Summersville 1078</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W.</u> Last <u>Randlet</u>			4. DATE OF DEATH Month <u>March</u> Day <u>31</u> , Year <u>1958</u>		
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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>Oct. 26, 1878</u>	9. AGE (In years, months, days) <u>79</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>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Peoria, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Giles Randlet</u>	13b. MOTHER'S MAIDEN NAME <u>Delphine Bassett</u>	14. NAME OF HUSBAND OR WIFE <u>Rossie Shanklin Randlet</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war, types of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT <u>Violet Randlet, Summersville, Mo.</u>
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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>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 wks</u> <u>20 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Uremic hemidonia</u>	
	DUE TO (c) <u>Arteriosclerotic cardio-renal disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <u>442X</u>
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ 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 <u>Summersville</u>	COUNTY _____ STATE _____
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21. I attended the deceased from 7:15 a.m. April 1958 to Mar 31, 1958 and last saw him alive on Mar 29, 1958  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank A. Elders, MD</u>	(Degree or title) _____	22b. ADDRESS <u>Houston, Mo.</u>	22c. DATE SIGNED <u>5-2-58</u>
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23a. BURIAL, CREMATION, REPAV (Specify)	23b. DATE <u>4/2/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Summersville, Missouri</u>
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24. FUNERAL DIRECTOR <u>Duncan Funeral Home</u>	ADDRESS <u>Wm View, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-6-58</u>	26. REGISTRAR'S SIGNATURE <u>Anna Roberts</u>
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300  
1-57  
70

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

33  
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MAY 21 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 *J. P. Duncan* .....

Licensed Embalmer No. *4325* .....

P. O. Address *Mt. View, Mo.* .....

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.