

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029740

STATE FILE NUMBER

FILED SEP 3 1958

Registration District No. 236

Primary Registration District No. 5819

Registrar's No. 65

300
1-57
0710
3

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Hickman Mills 7000</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>18 M. S. VERSAILLES</u>		Length of stay in 1b <u>8 Hours</u>	d. STREET ADDRESS (If outside, give location) <u>4604 East 112 Ter.</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>B.</u> Last <u>Randle</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>30</u> Year <u>1958</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>Aug 15, 1929</u>	9. AGE (In years or birthday) <u>29</u>	10. FUNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	11. IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>
-----------------------	----------------------------------	---	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Civil Service</u>	11. BIRTHPLACE (City and state or country) <u>Penna</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	--

13a. FATHER'S NAME <u>Fred B. Randle</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Randle</u>	14. NAME OF HUSBAND OR WIFE <u>Beverly Overman Randle</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>96-20-9058</u>	17. INFORMANT <u>Bernard Overman - Hickman Mill, Mo.</u> Address
--	--	--

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>Aspiration</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Accidental Drowning</u> DUE TO (c) <u>9298 42</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>immediate</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 checked="" 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>Swimming accident, aqua-lung failed</u>
--	--

20c. TIME OF INJURY Hour <u>10:50</u> a.m. Month, Day, Year <u>Aug 30 '58 to function</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake of the Oaks</u>	20f. CITY, TOWN, OR LOCATION <u>18 mi S of Versailles Morgan Mo.</u>	COUNTY <u>071</u> STATE
---	---	---	---	-------------------------

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>10:50 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Gene J. Bartram</u> (Degree or title) <u>Crower - Versailles, Mo</u>	22b. ADDRESS <u>Verailles, Mo</u>	22c. DATE SIGNED <u>31 Aug 58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 3 '58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson County, Mo.</u>
--	--------------------------------	--	---

24. FUNERAL DIRECTOR <u>W. F. Kidwell - Versailles, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8-31-58</u>	26. REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>
--	---------	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

214

SEP 18 1958

SEP

SEP 18 1958

VS DEC 18 1959

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 *Raymond C. Harder*

Licensed Embalmer No. *4626*

P. O. Address *Vermillion, 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.