

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035747
STATE FILE NUMBER

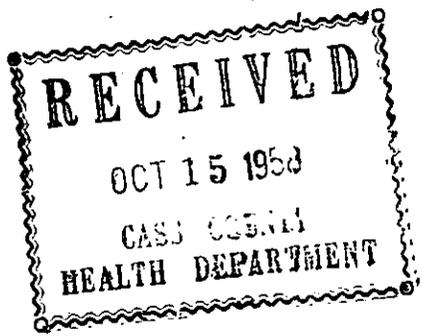
FILED OCT 17 1958 Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Harrisonville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Length of stay in lb <u>5 Days</u>	11. STREET ADDRESS (If outside, give location) <u>019th STREET</u> <u>303 Arnold Ave</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>VELMA NADEANE RANDOL</u>			4. DATE OF DEATH Month Day Year <u>Oct 4 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 3 1928</u>
9. AGE (In years last birthday) <u>30</u>		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cass Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Orvia Randol</u>		13b. MOTHER'S MAIDEN NAME <u>Viola P Dade</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-26-9821</u>	17. INFORMANT Address <u>ORVIA RANDOL Harrisonville Mo</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>Hemorrhage Duodenal ULCER</u> DUE TO (b) <u>Steroid Therapy Rheumatoid Arthritis</u> DUE TO (c) <u>7220K</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatoid Arthritis, severe</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>5 years</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 checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>✓</u>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>✓</u>	
20d. INJURY OCCURRED WHILE AT <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.) <u>✓</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>✓</u>
21. I attended the deceased from <u>6 PM 1954</u> to <u>OCT. 4, 1958</u> and last saw her give on <u>OCT. 4, 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>T. J. Bagnard MD</u>		22b. ADDRESS <u>Harrisonville Mo</u>	22c. DATE SIGNED <u>7 Oct 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 7-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Friend Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
24. FUNERAL DIRECTOR <u>Wm. E. Bagnard</u>		ADDRESS <u>Harrisonville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10/7/58</u>
		26. REGISTRAR'S SIGNATURE <u>Dora Barwards</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



10/11
8561 9 AON

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 Frank E. Remmenburg, Student Embalmer No. 568 working under my personal supervision.

Student Frank E. Remmenburg Signed James R. Phillipis
Signature of Student Embalmer

Licensed Embalmer No. 4641

P. O. Address Harrisonville

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.