URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1959

59-041388
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY Ripley.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan.
Length of stay in 1b 34 years.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 307 Second Street.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Ripley.
c. CITY OR TOWN Doniphan.
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 307 Second Street.
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Omar Middle: Dow Last: Randel.

4. DATE OF DEATH Month: Nov. Day: 7 Year: 1959.

5. SEX: Male.
6. COLOR OR RACE: White.
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Nov. 30, 1888.
9. AGE (last birthday): 70.
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming.
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture.
11. BIRTHPLACE (City and state or country): Bennett, Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Andrew Randel.
13b. MOTHER'S MAIDEN NAME: Ebby Logan.
14. NAME OF HUSBAND OR WIFE: Clyde Randel, (deceased).

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) — — — —
16. SOCIAL SECURITY NO. 489-05-6304.
17. INFORMANT: Thomas Randel. Address: St. Charles Missouri Route 2.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY THROMBOSIS. — INTERVAL BETWEEN ONSET AND DEATH: 45 MINUTES.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at APPROX. 11:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray Means; Coroner.
22b. ADDRESS: DONIPHAN, MISSOURI.
22c. DATE SIGNED: 11/11/59.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL.
23b. DATE: Nov. 11, 1959.
23c. NAME OF CEMETERY OR CREMATORY: DONIPHAN CEMETERY.
23d. LOCATION (City, town, or county) (State): DONIPHAN, MISSOURI.

24. FUNERAL DIRECTOR: Ray Means. ADDRESS: Doniphan, Mo.
25. DATE RECD. BY LOCAL REG.: 12-1-59
26. REGISTRAR'S SIGNATURE: Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

DEC 23 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ray Means

Signature of Student Embalmer

Licensed Embalmer No. 3743.

P. O. Address Doniphan,

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