

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035459

FILED VS OCT 11 1960

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 80-60 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald									
b. CITY (If outside corporate limits, give TOWNSHIP only) Lanagan		Length of stay in 1b		c. CITY OR TOWN Southwest City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Hiway 59			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Francis Middle Lee Last Randall				4. DATE OF DEATH Month Sept. Day 25 Year 1960									
5. SEX Male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-15-1944		9. AGE (last birthday) 16		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) Student				10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Dorsie L. Randall				13b. MOTHER'S MAIDEN NAME Julia J. Morgan				14. NAME OF HUSBAND OR WIFE none					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Julia Randall Southwest City							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest + Internal Injuries Fractured Skull - Crushed in Car Accident. - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH Sudden			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) Crushed in Car Accident -									
20c. TIME OF INJURY Hour 4:30 a.m. _____ Month, Day, Year 9-25-60													
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.) Mo. Hi-way 59 -			20f. CITY, TOWN, OR LOCATION Lanagan		COUNTY McDonald		STATE Mo.				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. M. Humphrey Jr. Coroner						22b. ADDRESS Noel, Mo.			22c. DATE SIGNED 9-30-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-27-1960		23c. NAME OF CEMETERY OR CREMATORY Saratoga Cem.			23d. LOCATION (City, town, or county) (State) Southwest City Rt. 1 Mo.						
24. FUNERAL DIRECTOR Humphrey & Son Noel, Missouri					25. DATE RECD. BY LOCAL REG. Oct 5, 1960		26. REGISTRAR'S SIGNATURE Mary A. Bradley						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, Md

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.