

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041396

FILED VS NOV 23 1960

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 41

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Clinton</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Concord Township</u>		Length of stay in 1b <u>4 days</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warren-Baumier Rest Home</u>			Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Plattsburg</u>		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First <u>Jean</u>		Middle <u>French</u>		Last <u>Randolph</u>		Month <u>November</u> Day <u>11</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/5/1890</u>	9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Plattsburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>David Ruben Randolph</u>			13b. MOTHER'S MAIDEN NAME <u>Noah Flood Green</u>			14. NAME OF HUSBAND OR WIFE <u>Billie Randolph</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>440-16-2076</u>		17. INFORMANT Address <u>James Randolph, Springfield, Mass</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u>						<u>2 mos.</u>	
DUE TO (b) <u>Bronchiogenic Carcinoma</u>						<u>6 mos.</u>	
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. <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 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.) _____				
20c. TIME OF INJURY Hour a.m. p.m. _____	Month, Day, Year _____		_____				
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.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>1950</u> to <u>11-11-60</u> and last saw <u>her</u> alive on <u>11-11-60</u> Death occurred at <u>3 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr Luckenbill MD</u> (Degree or title)				22b. ADDRESS <u>Plattsburg, Mo.</u>		22c. DATE SIGNED <u>11-12-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 14, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Plattsburg, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Syon Funeral Home, Inc, Plattsburg, Mo.</u>				25. DATE RECD. BY LOCAL REG. _____		26. REGISTRAR'S SIGNATURE <u>Mary W Seearse</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Philip E. Cox

Licensed Embalmer No. 499

P. O. Address Stateburg

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.