

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021682

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 123

FILED **DEATH** **6 1961**

a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage JACKSON TWP.		Length of stay in 1b 1 Week	c. CITY OR TOWN Pineville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fair Acres		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First James	Middle T.	Last Randolph	Month 6	Day 12	Year 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-22-1872	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and state or country) Eire, Mo.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James T. Randolph	13b. MOTHER'S MAIDEN NAME Martha Elizabeth Carroll	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Sylva Callaway Pineville, Mo.

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) Uremia.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Prostatic obstruction -	
	DUE TO (c) Arteriosclerosis.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Dementia.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 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
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21. I attended the deceased from 6-5-61 to 6-7-61 and last saw him alive on 6-7-61
Death occurred at 6:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) W. Blankenship M.D.	22b. ADDRESS Neosho Mo.	22c. DATE SIGNED 6-29-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-14-61	23c. NAME OF CEMETERY OR CREMATORY Pineville Cemetery	23d. LOCATION (City, town, or county) Pineville, Mo.
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24. FUNERAL DIRECTOR Humphrey & Son	ADDRESS Pineville, Mo.	25. DATE RECD. BY LOCAL REG. 6-29-61	26. REGISTRAR'S SIGNATURE W. Clinton
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *F. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, 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.