

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016478

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 92

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2 1963

VS 300
Rev. 4/59

1 0490
2 0490
3
4 0
5 0
6
7 0
8 2
9 163X
10
11
12 90-8
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) Jackson Township		Length of stay in Twp 50 yrs	c. CITY OR TOWN Carthage
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Carthage Rte 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 4
3. NAME OF DECEASED (Type or print) First RICHARD Middle NELSON Last RANDALL		4. DATE OF DEATH Month April Day 22 Year 1963	
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 4-4-1899
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plasterer		10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (City and state or country) Jasper County, Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles W. Randall	
13b. MOTHER'S MAIDEN NAME Julia Kessler		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of yes WW 2)		16. SOCIAL SECURITY NO. 34	
17. INFORMANT Raymond Randall, Rt 4, Carthage, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma of right lung (surgery June 1962 at State Sanatorium, Mt. Vernon, Mo) 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)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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	
21. I attended the deceased from did not attend and last saw her/him alive on 8:50 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>E. M. Clifton</i> Local Registrar		22b. ADDRESS 1238 Grand, Carthage, Mo	
22c. DATE SIGNED 4-22-63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-24-63	
23c. NAME OF CEMETERY OR CREMATORY Fidelity Cemetery		23d. LOCATION (City, town, or county) Rt 4, Carthage, Mo	
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. 4-22-63	
26. REGISTRAR'S SIGNATURE <i>E. M. Clifton</i>			

USE BLACK INK OR TYPEWRITER RIBBON

MAY 9 1963

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 John A. McConnell, Student Embalmer No. 683

working under my personal supervision.

Student John A. McConnell
Signature of Student Embalmer

Signed Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.