

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-019777

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 860 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED JUN 5 1963

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Length of stay in 1b <u>YEARS</u>	c. CITY OR TOWN <u>SPRINGFIELD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST JOHN'S</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1217 WILLOW LANE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>FRANK WALTER RANDLEY</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>2</u> Year <u>1963</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 type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4/11/1890</u>	9. AGE (last birthday) <u>73</u>	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) <u>GROCCER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STORE</u>		11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>PETER RANDLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HANSEN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</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> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>GEORGE H. RANDLEY - CHICAGO, ILL</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Gastric-Intestinal Hemorrhage,
DUE TO (b) Etiology Undetermined
DUE TO (c) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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"/> <u>None</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>
20c. TIME OF INJURY Hour a.m. p.m. <u>none</u>	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.) <u>none</u>

21. I attended the deceased from 5-27-63 to June 3, 1963 and last saw ^{her} him alive on June 3, 1963
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W.D. Paul, M.D.</u>		22b. ADDRESS <u>609 Cherry, Springfield, Mo</u>		22c. DATE SIGNED <u>6/3/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6/4/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CONWAY BAPTIST</u>	23d. LOCATION (City, town, or county) (State) <u>CONWAY, MISSOURI</u>		
24. FUNERAL DIRECTOR <u>CHapel of the Ozarks, MO</u>		25. DATE RECD. BY LOCAL REG. <u>6-3-63</u>	26. REGISTRAR'S SIGNATURE <u>Effie B. [Signature]</u>		

W.I. PARK M.D.
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
DATE AMENDED
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF

VS 300	
Rev. 4/59	
1 <u>0397</u>	
2 <u>0397</u>	
3	
4 <u>0</u>	
5 <u>3</u>	
6	
7 <u>1</u>	
8 <u>2</u>	
<u>9578X</u>	
10	
11	
12 <u>4-0</u>	
13	

10-10-63

JUN 7 1963

JUN 18 1963

DEPT. OF HEALTH

1963
6-3-63

0 0 1 2

Permit 6-3-63

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 Worawan B. Sakin

Licensed Embalmer No. 5159

P. O. Address Springfield

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.

0-1