

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029987
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 299 Primary Registration District No. 3057 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RICHMOND
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 460 NORTH THORNTON		Length of stay in 1b 79 YEARS	d. STREET ADDRESS (If outside, give location) 460 NORTH THORNTON

3. NAME OF DECEASED (Type or print) First Middle Last HORACE EDWARD RANDLE			4. DATE OF DEATH Month Day Year AUGUST 27 1958		
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5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 30, 1878	9. AGE (In years last birthday) 99		IF UNDER 1 YEAR Month Days Hours Min. 11 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining	10b. KIND OF BUSINESS OR INDUSTRY Coal Mining	11. BIRTHPLACE (City and state or country) RAY COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PHILLIP RANDLE	13b. MOTHER'S MAIDEN NAME SUSIE KING	14. NAME OF HUSBAND OR WIFE RUBY C. RANDLE
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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. 496-16-3466A	17. INFORMANT Mrs Ruby Randle Richmond Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerosis		
DUE TO (c) 331X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 Death occurred at 8:05 P. on the date stated above, and to the best of my knowledge, from the causes stated.	and last saw ^{her} alive on 8-27-58
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22a. SIGNATURE [Signature]	22b. ADDRESS Richmond Mo	22c. DATE SIGNED 8-29-58
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23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	23b. DATE AUGUST 30, 1958	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) (State) RICHMOND MISSOURI
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24. FUNERAL DIRECTOR QUEST-LIFE FUNERAL HOME RICHMOND, MISSOURI	25. DATE RECD. BY LOCAL REG. 9-1-1958	26. REGISTRAR'S SIGNATURE Malcolm Jackson
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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1-57
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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 *George H. Hile*

Licensed Embalmer No. *4066*

P.O. Address *Edmond*

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.