

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7835

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - POPLAR BLUFF TWP. 1.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>7 1/2 MI SE POPLAR BLUFF MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>EARL</u> c. (Last) <u>RANDALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 3 - 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 13 - 1891</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>BUTLER CO</u>
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 —	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>LLOYD RANDALL</u>		13b. MOTHER'S MAIDEN NAME <u>JANIE DAVIDSON</u>	14. NAME OF HUSBAND OR WIFE <u>ALICE RANDALL</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alice Randall RFD #4 Poplar Bluff Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute gastrointestinal hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Unknown.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Indigestion, loss of weight, occs. nausea &amp; vomiting</u> 6 mos.	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>27 Feb.</u> , 1950, to <u>3 March</u> , 1950, that I last saw the deceased alive on <u>2 March</u> , 1950, and that death occurred at <u>4:15 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Lester Harwell</u> (Degree or title) <u>J. Lester Harwell, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>6 Mar. 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 5 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>POPLAR BLUFF MO</u>
DATE REC'D BY LOCAL REG. <u>March 13 1950</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. D. Phelps Poplar Bluff MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

350-142

MAR 20 1950

OCT 2 1951

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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 .....  
Student Embalmer

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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 this body is not embalmed, fact should be so stated above.