

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

058 17233
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MERAMEC TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MERAMEC TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>HOUSE SPRINGS RR#2 (LAKE MONTICELLO)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location). HOSPITAL OR INSTITUTION <u>OWN HOME HOUSE SPRINGS RR#2</u>		d. STREET ADDRESS (If rural, give location) <u>HOUSE SPRINGS RR#2 (LAKE MONTICELLO)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>RANDALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 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 22 1884</u>
9. AGE (In years last birthday) <u>65</u>	10. MONTHS <u>6</u>	11. BIRTHPLACE (State or foreign country) <u>FLORENCE (MORGAN CO) MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARETAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LANDSCAPE WORK</u>	11. BIRTHPLACE (State or foreign country) <u>FLORENCE (MORGAN CO) MO</u>	
13a. FATHER'S NAME <u>COLUMBUS H. RANDALL</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE DELANEY SANDERS</u>	
14. NAME OF HUSBAND OR WIFE <u>ADA J. (PRYOR) RANDALL</u>		14. NAME OF HUSBAND OR WIFE <u>ADA J. (PRYOR) RANDALL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-32-5069</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Randall</u> ADDRESS <u>St. Louis, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Vascular Disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Cause</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to <u>May 10, 1950</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.			
23a. SIGNATURE <u>Harriet J. Mahon</u> (Degree or Title)		23b. ADDRESS <u>16 St. Louis, Mo.</u>	
23c. DATE SIGNED <u>May 10, 1950</u>		23c. DATE SIGNED <u>May 10, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/12/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>
DATE REC'D BY LOCAL REG. <u>5/10/50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Giese</u> 438	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Bremer</u> ADDRESS <u>House Springs Mo</u>	

Per J. Bremer (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

500
1

MAY 26 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED, 5-22-50

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
John A. Brimmer
Licensed Embalmer No. 1470

P. O. Address

Howe Springs 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.