

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17905

09211

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6063 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>Jackson Twp.</u>	c. LENGTH OF STAY (In this place) <u>44 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Larry City - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Larry City - Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEVI</u> b. (Middle) <u>RANDOFF</u> c. (Last) <u>RANDALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 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>March 21, 1902</u>
9. AGE (In years last birthday) <u>48</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>1</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 <u>Grain &amp; Stock Raising, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>George Randall</u>		13b. MOTHER'S MAIDEN NAME <u>Cara Burnsham Dimple Randall</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dimple Randall</u>		17. ADDRESS <u>Larry City, 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>uremia condition</u> ANTECEDENT CAUSES <u>following a tubercular infection of lung and kidney.</u> DUE TO (b) <u>uremia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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>May 14, 1948</u> , to <u>5-4, 1950</u> , that I last saw the deceased alive on <u>2-4, 1950</u> , and that death occurred at <u>9 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. O'Neil</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>105 E Ohio Clinton, Mo.</u>	
23c. DATE SIGNED <u>5/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wright's Burial Home</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 31-50</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Causant</u> ADDRESS <u>Clinton, Mo.</u>	

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

**RECEIVED**  
District Health Officer No. 77  
District File Number 5-50-582  
Date Filed 6-2-50

JUN 5 1950

**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 H. J. Varsant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.