

THE DIVISION OF HEALTH OF MISSOURI

FILED AUG 29 1950 STANDARD CERTIFICATE OF DEATH

State File No. **26247**

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 252	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 11 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 0164			
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hospital				d. STREET ADDRESS (If rural, give location) 422 North St.			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Randol		c. (Last)	
						4. DATE OF DEATH (Month) (Day) (Year) August 19, 1950	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 11, 1885	
						9. AGE (In years last birthday) 65	
						10. MONTHS 2	
						11. DAYS 8	
						IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Bus Lines		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Sam Randol		13b. MOTHER'S MAIDEN NAME Sidney Williams		14. NAME OF HUSBAND OR WIFE Mattie Randol			
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. 490-10-8886		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Mattie Randol, Cape Girardeau, Mo. 422 North St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4343				INTERVAL BETWEEN ONSET AND DEATH 10 days 2	
19a. DATE OF OPERATION		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 Aug 9th , 1950, to Aug 19th , 1950, that I last saw the deceased alive on Aug 19th , 1950, and that death occurred at 10:05 Am. , from the causes and on the date stated above.							
23a. SIGNATURE W. B. Schubert, M.D.		(Degree or title)		23b. ADDRESS 605 Broadway Cape Girardeau, Mo.		23c. DATE SIGNED 8/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 23, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 8-22-1950		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks		ADDRESS Cape Girardeau, Mo.	

RECEIVED

AUG 23 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Frank Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau*

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.