

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34263

FILED OCT 24 1950

State File No.

BIRTH NO.		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3091</u>		... No. <u>2</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Nodaway		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		a. STATE Missouri		b. COUNTY Worth	
c. LENGTH OF STAY (in this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-West Union Township		d. STREET ADDRESS (If rural, give location) Sheridan			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) Arthur		b. (Middle) Randle		c. (Last) Randle		6. DATE OF DEATH 10 18 1950	
7. SEX male		8. COLOR OR RACE white		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		10. DATE OF BIRTH 3 24 1875	
11. AGE (In years last birthday) 75		12. IF UNDER 1 YEAR 6 Months 24 Days		13. IF UNDER 24 HRS. 1 Hour 1 Min.		14. BIRTHPLACE (State or foreign country) Winterset, Iowa	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		16. KIND OF BUSINESS OR INDUSTRY farming for self		17. BIRTHPLACE (State or foreign country) Winterset, Iowa		18. CITIZEN OF WHAT COUNTRY? U.S.A.	
19a. FATHER'S NAME William Samuel Randle		19b. MOTHER'S MAIDEN NAME Louise Reed		20. NAME OF HUSBAND OR WIFE Ada Randle			
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		22. SOCIAL SECURITY NO. none		23. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Randle Sheridan, Mo.			
24. ADDRESS		25. MEDICAL CERTIFICATION					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) M metastatic Carcinoma of leg				INTERVAL BETWEEN ONSET AND DEATH ?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				140X	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 9/30/49		19b. MAJOR FINDINGS OF OPERATION M metastatic Carcinoma of leg				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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>Aug</u> , 19 <u>49</u> , to <u>Oct 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 18, 1950</u> , and that death occurred at <u>3:15 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. H. Pyburn M.D.				23b. ADDRESS Marysville, Mo.		23c. DATE SIGNED 10-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10 20 1950		24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery		24d. LOCATION (City, town, or county) (State) Sheridan, Mo.	
DATE REC'D BY LOCAL REG. 10-21-50		REGISTRAR'S SIGNATURE Bess Holt 229		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dunfee		ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.