

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43463

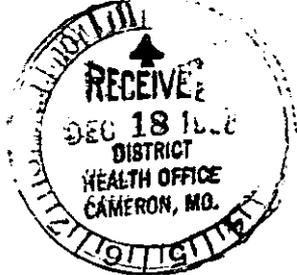
State File No.

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4550</u>		Registrar's No. <u>83</u>		
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> / <u>130</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sheridan</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u> <u>0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>Orlie Randle</u>			b. (Middle) <u>Randle</u>			c. (Last) <u>Randle</u>		
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>14</u>		(Year) <u>1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>4 10 1897</u>		
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR <u>8</u> Days		IF UNDER 24 HRS. <u>4</u> Hours		IF UNDER 1 MIN. <u></u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Taylor County, Iowa</u> / <u>1</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Eldridge Rowe</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Risser</u>		14. NAME OF HUSBAND OR WIFE <u>William Randle</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Randle Sheridan, Mo.</u> ADDRESS				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Pancreatitis</u> DUE TO (c) <u>Balicyptitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>5 1/2 days</u> <u>11 days</u> <u>4 1/2</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sheridan Worth MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>✓</u>		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>Dec 3</u> , 19 <u>50</u> , to <u>Dec 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 14</u> , 19 <u>50</u> , and that death occurred at <u>4:25 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. P. Nisbett M. D.</u>				23b. ADDRESS <u>Sheridan Mo</u>		23c. DATE SIGNED <u>12-15-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12 17 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Luteson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sheridan Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u> <u>345</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dangle</u> ADDRESS <u>Grant City, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 481130
1



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. Dumble

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.