

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **289**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>103</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>36 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		<b>0117</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3015 North 7th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>		b. (Middle) <b>J.</b>		c. (Last) <b>RANDALL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 26 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 15, 1877</b>	
9. AGE (In years last birthday) <b>73</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Street Railway</b>		11. BIRTHPLACE (State or foreign country) <b>Bigelow, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Motorman</b>		13a. FATHER'S NAME <b>William Randall</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Gleason</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Elva Randall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-09-7595</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elva Randall</b>		ADDRESS <b>St. Joseph, Mo.</b>	
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) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>  <b>4201</b>  <b>about 9 years - blackberry</b>	
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 <b>9/19, 1949</b> to <b>1/26, 1951</b> , that I last saw the deceased alive on <b>1/26, 1951</b> , and that death occurred at <b>7:40P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. Robinson</b> (Degree of title)				23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>1/27/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-29-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Vernon</b>		24d. LOCATION (City, town, or county) (State) <b>Atchison, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 2, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casco</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley Funeral Home</b>		ADDRESS <b>St. Joseph, Mo.</b>	

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.