

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19902

BIRTH NO. 1 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 512

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 5/9 Cherry Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 519 Cherry St.,			

3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) Lois c. (Last) RANDOL			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 5, 1884		9. AGE (In years last birthday) 66		9. AGE (In years last birthday) 9 Months 3 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (State or foreign country) Diamond, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Brice E. Parnell		13b. MOTHER'S MAIDEN NAME Elizabeth Goodwin		14. NAME OF HUSBAND OR WIFE Alvin J. 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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy Fields Springfield, Mo.	

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) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			1 yr.
		DUE TO (c) arteriosclerosis			 yrs.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			 yrs

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) 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) (Min.)		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 Oct 23, 1946 to 7 June, 1951, that I last saw the deceased alive on 4 June, 1951, and that death occurred at 6:55P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jameth E. Knabb, M.D.		23b. ADDRESS 16304 Jefferson		23c. DATE SIGNED 12 June 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-1951		24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetary	
24d. LOCATION (City, town, or county) (State) Diamond, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home		25. FUNERAL DIRECTOR'S ADDRESS Carthage, Mo.	
DATE REC'D BY LOCAL REG. 6-14-51		REGISTRAR'S SIGNATURE W B Handley			

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.....
Gene C. Pugh
Gene C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.