

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35522

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 9264

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan 0360
d. STREET ADDRESS (If rural, give location) Route #4

3. NAME OF DECEASED
a. (First) PATRICIA b. (Middle) WARREN c. (Last) RANDLEMAN 4. DATE OF DEATH (Month) (Day) (Year) 10 19 51

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1 8. DATE OF BIRTH 10-4-41 9. AGE (In years last birthday) 10 yrs. IF UNDER 1 YEAR Months Days IF UNDER 1 Wk. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Clmer Randleman 13b. MOTHER'S MAIDEN NAME Rorachy Dexter 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME J. Young, 505 So. Kings Highway, City 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polio myelitis, Bulbar MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 080.0

22. I hereby certify that I attended the deceased from 10-19 1951, to 10-19 1951, that I last saw the deceased alive on 10-19 1951, and that death occurred at 12:00 m. from the causes and on the date stated above.

23a. SIGNATURE Don L. Thurston M.D. (Degree or title) 23b. ADDRESS 500 So. Kings Highway 23c. DATE SIGNED 10-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 10-19-51 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Sullivan Mo

DATE REC'D BY LOCAL REG. OCT 20 1951 REGISTRAR'S SIGNATURE J. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington

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

NOV 1 1961

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

John J. Harris

Signed.....

Student Embalmer

Licensed Embalmer No. *41108*

P. O. Address *St Louis, 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.