

FILED JAN 3 1952

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007 Registrar's No. 572

490

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-GALENA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-GALENA 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin RD 3		d. STREET ADDRESS (If rural, give location) Joplin RD 3	
3. NAME OF DECEASED (Type or Print) JOHN WARREN RANDALL		4. DATE OF DEATH (Month) (Day) (Year) 12-17-51	
5. SEX M.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 2-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICK MASON		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
11. BIRTHPLACE (State or foreign country) OHIO		12. CITIZENSHIP OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOS. RANDALL		13b. MOTHER'S MAIDEN NAME MARY MASON	
14. NAME OF HUSBAND OR WIFE ETHEL A. RANDALL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Ethel A. Randall-Joplin 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 3 Days 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 12-13-51 , to 12-16-51 , that I last saw the deceased alive on 12-16-51 , and that death occurred at 29 m., from the causes and on the date stated above.			
23a. SIGNATURE D. Douglas D. M.D. (Degree or title)		23b. ADDRESS Frises Bedg Joplin Mo	
23c. DATE SIGNED 12/18/51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 12-24-51		24c. NAME OF CEMETERY OR CREMATORY Forest Park Cem.	
24d. LOCATION (City, town, or county) (State) Joplin Mo.		25. FUNERAL DIRECTOR'S SIGNATURE HURL BUT GLOVER MORTUARY	
DATE REC'D BY LOCAL REG. 12-20-51		REGISTRAR'S SIGNATURE Ed J. Joplin 134	
(Licensed Embalmer's Statement on Reverse Side)			

Joplin Mo

RECEIVED 12-31-01

Jasper County Health Office

County File Number 51/12/976

Date Filed 12-31-01



5 1986

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.....
Student Embalmer

Signed

Dale Glover

Licensed Embalmer No. 4593

P. O. Address *Jasper 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.