

RECORDED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17026

BIRTH NO.		REG. DIST. NO. 160	PRIMARY REG. DIST. NO. 3029	Registrar's No. 29
1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) Crystal City		c. LENGTH OF STAY (in this place) 35 years	c. CITY (If outside corporate limits, write RURAL and give township) Crystal City 0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 102 Lincoln		
3. NAME OF DECEASED (Type or Print) a. (First) Theresa		b. (Middle) Mary	c. (Last) Randle	
4. DATE OF DEATH (Month) (Day) (Year) 5-4-52		5. SEX Female		
6. COLOR OR RACE colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 2, 1874
9. AGE (In years) (If under 1 year last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron		10b. KIND OF BUSINESS OR INDUSTRY P. P. G. Co.
11. BIRTHPLACE (City, and State or Foreign Country) Perryville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Berryman Brown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Frank Randle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Randle
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis with valvular insufficiency		INTERVAL BETWEEN ONSET AND DEATH unknown
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"/>
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) 4222
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 April 7, 1952, that I last saw the deceased alive on April 2, 1952, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE J. J. Cunningham M.D.		23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 5/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-8-52		24c. NAME OF CEMETERY OR CREMATORY Catholic
24d. LOCATION (City, town, or county) (State) Crystal City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Polittle		
DATE REC'D BY LOCAL REG. 5-8-52		REGISTRAR'S SIGNATURE Gentry R. Polittle		ADDRESS Crystal City, Mo.

5501  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED MAY 28 1952

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 Gentry R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal 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.