

FILED SEP 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33936**

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6128</u>		Registrar's No. <u>267</u>		
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence</u>		c. LENGTH OF STAY (in this place) <u>59myrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence</u> <u>1012</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Carrie</u>	b. (Middle) <u>Della</u>	c. (Last) <u>Randolph</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1-1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Oct 26-1884</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u> <u>/</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Valentine Sherrell</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Wall</u>			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 <u>Lloyd Randolph Eminence, Mo.</u>			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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cholecystitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>chronic Cholecystitis</u> <u>years</u> 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 <u>585X</u>					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)		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 <u>June 5, 1952</u> , to <u>9-1-</u> , 1952, that I last saw the deceased alive on <u>9-1-</u> , 1952, and that death occurred at <u>9:50a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. F. Wilson</u> (Degree or title)				23b. ADDRESS <u>Eminence Mo</u>		23c. DATE SIGNED <u>9-5-52</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grassy</u>		24d. LOCATION (City, town, or county) (State) <u>Eminence Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-13-52</u>		REGISTRAR'S SIGNATURE <u>Michael Rose</u> <u>4470</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home Mtn View, Mo</u>				ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Joe P. Duncan  
Licensed Embalmer No. 4325

P. O. Address Mt. View, 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.