

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33937**

SEP 16 1952

BIRTH NO.		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6128		Registrar's No. 204	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		c. LENGTH OF STAY (in this place) 33 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence Mo 1010		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) Donnie b. (Middle) Rosslyn c. (Last) Randolph			4. DATE OF DEATH (Month) (Day) (Year) Aug. 24-1952				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 5-1887		9. AGE (In years last birthday) Months Days 65 1 19	
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 (City and State or Foreign Country) Shannon County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME D M Baker		13b. MOTHER'S MAIDEN NAME Donnie R Hines		14. NAME OF HUSBAND OR WIFE Walter L. Randolph			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W L Randolph Eminence, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis DUE TO (c) chronic cholecystitis				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 m years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 585X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8/23/1952 to 8/24/1952 , that I last saw the deceased alive on 8/24/1952 , and that death occurred at 10:25 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Duncan F. Wilson (Degree or title)				23b. ADDRESS Eminence Mo		23c. DATE SIGNED 8-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-28-52		24c. NAME OF CEMETERY OR CREMATORY New Summers		24d. LOCATION (City, town, or county) (State) Eminence, Mo.	
DATE REC'D BY LOCAL REG. 9-13-52		REGISTRAR'S SIGNATURE Malcolm Rees		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo.		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 G. Duncan* _____
Licensed Embalmer No. *2325* _____
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.