

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16121**
4210
Registrar's No.

FILED MAY 14 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Crawford | |
| b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis | | c. CITY OR TOWN Leasburg | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | e. STREET ADDRESS (If rural, give location) 0280 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wayland c. (Last) Randolph | | | 4. DATE OF DEATH (Month) (Day) (Year) April 22, 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 16, 1877 |
| 9. AGE (In years last birthday) 75 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Building | 11. BIRTHPLACE (City and State or Foreign Country) Bunker Hill, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME John S. Randolph | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth Edwards | | 14. NAME OF HUSBAND OR WIFE Marguerite | |
| 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. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Carcinoma Rt. atrium | |
| DUE TO (c) metastasis in chest & abdomen | | | |
| 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 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 160x | |
| 22. I hereby certify that I attended the deceased from Sept 10, 1952 , to April, 1953 that I last saw the deceased alive on 4-22, 1953 and that death occurred at 6:50 P. M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE P. J. ... (Degree or title) | | 23b. ADDRESS 715 ... | 23c. DATE SIGNED 4-23-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 4-25-53 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Bunker Hill, Ill. |
| DATE REC'D BY LOCAL REG. APR 23 1953 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | |

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.....
Signature of Student Embalmer

Signed.....
Fred J. Tanner

Licensed Embalmer No. *4788*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.