

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 3 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 114

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| 1. PLACE OF DEATH a. COUNTY <u>Prepco</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> c. LENGTH OF STAY (in this place) <u>2 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Prepco</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> d. STREET ADDRESS (If rural, give location) <u>McFarland Nursing Home</u> | |
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| 3. NAME OF DECEASED a. (First) <u>HELEN</u> b. (Middle) <u>RANDALL</u> c. (Last) <u>RANDALL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-26-53</u> | | |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 16, 1865</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u>10</u> Min. <u>10</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Grays Summit Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Christie Delshire</u> | 13b. MOTHER'S MAIDEN NAME <u>!</u> | 14. NAME OF HUSBAND OR WIFE <u>Garrett JACK RANDALL DECEASED</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>---</u> | 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Joy Delshire Rolla Mo.</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> 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. <u>Senility + senile dementia. Also fell out of bed on 5-7-53 fracturing left wrist.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Yrs?</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>McFarland nursing</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Prepco. Mo.</u> |
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| 21d. TIME-OF INJURY (Month) (Day) (Year) (Hour) <u>5-7-53</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell out of bed.</u> |
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22. I hereby certify that I attended the deceased from 5-7, 1953, to 5-26, 1953, that I last saw the deceased alive on 5-7, 1953 and that death occurred at 9:00 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. E. Ferrel</u> | 23b. ADDRESS <u>Rolla Mo.</u> | 23c. DATE SIGNED <u>5-27-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>5/28/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Haircough Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Rolla Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>May 28, 1953</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | 2. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Ferrel</u> | ADDRESS <u>Rolla Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

STATEMENT BY LICENSED EMBALMER

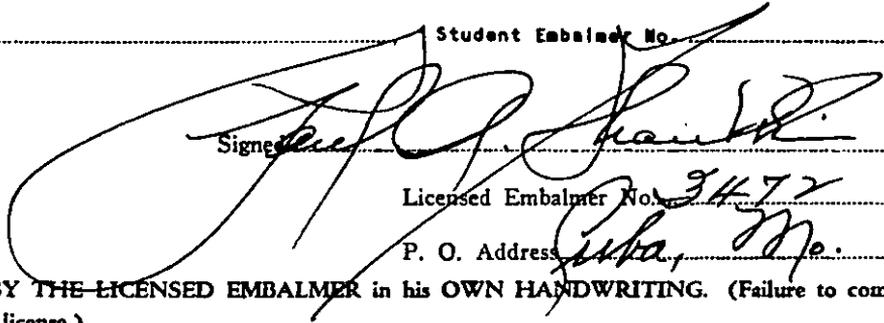
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed



Licensed Embalmer No.

3472

P. O. Address

Liba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.