

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31625

State File No. \_\_\_\_\_

FILED OCT 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5540 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give county) OR TOWN <u>Rural; NODAWAY TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Washington</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #6</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>6 miles N.W. of Nodaway, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>William</u> c. (Last) <u>Randles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 25, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>August 9, 1871</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Winterset, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>			

13a. FATHER'S NAME <u>Samuel Randles</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Adelia May</u>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cora Guy, Oregon, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 M. WRTS.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER OF LIVER (METASTASIS)</u>				
		ANTECEDENT CAUSES				
		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 <u>1561</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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from JAN, 1951, to SEPT 25, 1952, that I last saw the deceased alive on SEPT 24, 1952, and that death occurred at 12:32p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard E. Colbin, M.D.</u>		23b. ADDRESS <u>1100 Oregon</u>		23c. DATE SIGNED <u>9-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/28/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>9-28-53</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wheaton-Bowman St. Joseph, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

0440

0417  
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**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. 493

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St, Joplin, 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.