

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39919**

FILED DEC 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>244</u>							
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE <u>Mo</u>				b. COUNTY <u>Texas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kolla</u>				c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Licking</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Philpole Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>1070</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>			b. (Middle) <u>Albert</u>			c. (Last) <u>Randall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-53</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 8, 1877</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 2 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas Co. Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>J.D. Randall</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Crawford</u>				14. NAME OF HUSBAND OR WIFE <u>Ann Randall</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify branch) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Margie Texas Licking</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.				<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u></p> <p>ANTECEDENT CAUSES <u>arter. sclerosis</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>								INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				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) <u>331X</u>									
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>12-1</u> , 19 <u>53</u> , to <u>12-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-2</u> , 19 <u>53</u> , and that death occurred at <u>12:30A</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Wm. L. Ferguson</u>				23b. ADDRESS <u>Kolla Mo</u>				23c. DATE SIGNED <u>12-3-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>				24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>					
DATE REC'D BY LOCAL REG. <u>Dec. 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>				380		FUGERAL DIRECTOR'S SIGNATURE <u>Wm. L. Ferguson</u>				ADDRESS <u>Licking Mo</u>	

(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

Robert Ferguson

Licensed Embalmer No.

3945

P. O. Address

Licking 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.