

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40040

State File No.

900

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 1029 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington</u> OR TOWN <u>Logan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington-rural-Logan</u> OR TOWN <u>06900</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lebinda</u> b. (Middle) <u>Kathrine</u> c. (Last) <u>Randolph</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 4, 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Fulton County Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Kenneth Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Cruser</u>		14. NAME OF HUSBAND OR WIFE <u>William Randolph</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Duncan</u> ADDRESS <u>Ellington Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial Regeneration</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>last yr</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u>		DUE TO (b) <u>Carcinoma (Descending Col)</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES A forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>		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 June, 1951, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenneth T. Carter</u>		23b. ADDRESS <u>Ellington Mo.</u>		23c. DATE SIGNED <u>Dec 3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Purkin Hallway</u>	
24d. LOCATION (City, town, or county) (State) <u>Reynolds Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Sewitt</u>		ADDRESS <u>Van Buren Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/6/53</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u>		2750	

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

Received 12-9-53

Reynolds County Health Center

File No. 1253 - 25

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.