

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Michigan** b. COUNTY **Gogebic**

b. CITY (If outside corporate limits, write RURAL and give township) **St Louis**

c. CITY OR TOWN **Ironwood**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Firmin Desloge Hosp.**

e. STREET ADDRESS (If rural, give location) **712 E. McLeod**

3. NAME OF DECEASED
a. (First) **Jacob** b. (Middle) **Leonard** c. (Last) **Randa**

4. DATE OF DEATH (Month) (Day) (Year)
April 13, 1955

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Feb. 4, 1906**

9. AGE (In years last birthday) **49**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **County Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **County - clerk**

11. BIRTHPLACE (City and State or Foreign Country) **Michigan**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Charles Randa**

13b. MOTHER'S MAIDEN NAME **Sarah Janeala**

14. NAME OF HUSBAND OR WIFE **Marian Randa**

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
Marian Randa, Ironwood, Michigan.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Ischemic heart disease, aortic insufficiency.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **Cardiac arrest & ventricular fibrillation**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **4-11-55**

19b. MAJOR FINDINGS OF OPERATION **Aortic insufficiency**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **023X**

22. I hereby certify that I attended the deceased from **31 Mar, 1955, to 13 April, 1955**, that I last saw the deceased alive on **12 April, 1955**, and that death occurred at **9:51 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles A. Neigh M.D.**

23b. ADDRESS **1325 S. Grand, St Louis**

23c. DATE SIGNED **13 April 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **4-14-55**

24c. NAME OF CEMETERY OR CREMATORY **Riverside Cemetery**

24d. LOCATION (City, town, or county) (State) **Ironwood, Michigan.**

DATE REC'D BY LOCAL REG. **APR 14 1955**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Albert H. Hoppe 4700 Washington.

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.....

Licensed Embalmer No. 3653

P. O. Address.....

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.