

FILED SEP 19 1955

STANDARD CERTIFICATE OF DEATH

State File No. **31929**

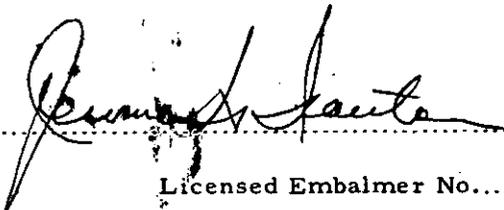
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 4469		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Ste. Genevieve				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve			
b. CITY (If outside corporate limits, write RURAL and give township) Ste. Genevieve		c. LENGTH OF STAY (In this place) 50 Yrs		c. CITY OR TOWN Ste. Genevieve		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ste. Genevieve, Mo				e. STREET ADDRESS (If rural, give location) Ste. Genevieve, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) FRANCIS		c. (Last) RANDALL		4. DATE OF DEATH (Month) (Day) (Year) Sept 13, 1955	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 15, 1883	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) River Aux Vases, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Wash Randall			
13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Henrietta Arthur			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-07-2744		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Elizabeth Randall Ste. Gen. Mo.			
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) Acute Uræmic Coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 2 days ?	
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	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 22, 1955 , to Sept 13, 1955 , that I last saw the deceased alive on Sept 12, 1955 , and that death occurred at 9:15A m. , from the causes and on the date stated above.							
23a. SIGNATURE Rb. Lanning M.D. (Degree or title)				23b. ADDRESS Ste. Genevieve Mo.		23c. DATE SIGNED 9/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-15-55		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo	
DATE REC'D BY LOCAL REG. 9/14/55		REGISTRAR'S SIGNATURE Luella Barber		25. FUNERAL DIRECTOR'S SIGNATURE Frank H. ...		ADDRESS Genevieve, Mo	

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. 3817

P. O. Address Ste. Genevieve,

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.