No. 300
10.48

FILED MAR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8433

State File No.

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brunswick
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN: Brunswick
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 210

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): M.
c. (Last): Randolph

4. DATE OF DEATH (Month) (Day) (Year): Mar. 12-1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: Nov-20-1874
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Brunswick Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John D. Randolph
13b. MOTHER'S MAIDEN NAME: Rosabee Riddell
14. NAME OF HUSBAND/WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Jessie Penick
ADDRESS: Brunswick Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterosclerosis — 10yrs.
DUE TO (c) Hypertension — 10yrs.

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: 4201
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1954, *to* March 12, 1956, *that I last saw the deceased alive on* March 12, 1956, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): D.O.
23b. ADDRESS: Brunswick, Missouri
23c. DATE SIGNED: 3/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14-56
24c. NAME OF CEMETERY OR CREMATORY: Newcomer
24d. LOCATION (City, town, or county) (State): Mendon MO

DATE REC'D BY LOCAL REG.: 3-14-56
REGISTRAR'S SIGNATURE: Mildred Burns
25. FUNERAL DIRECTOR'S SIGNATURE: S. K. Lillard
ADDRESS: Mendon MO

(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 emba

by me, ~~only~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..S. L. Leipard.....

Licensed Embalmer No. 397

P. O. Address MEnden...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.