

STANDARD CERTIFICATE OF DEATH

34860

State File No. _____

FILED NOV 5 - 1956

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

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Matthews</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Matthews</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>010 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Finial</u> c. (Last) <u>Randolph</u>		f. DATE OF DEATH (Month) (Day) (Year) <u>10-16-1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 25, 1890</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Randolph</u>		13b. MOTHER'S MARDEN NAME <u>Framin Priscin Bessie Randolph</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Randolph-Matthews</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Randolph-Matthews</u> ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES		DUE TO (b) _____	
*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.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) <u>334x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	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>6-8-56</u> , 19 <u>56</u> , to <u>10-13-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-13-56</u> , 19 <u>56</u> , and that death occurred at <u>4:30</u> a.m., <u>on 10-16-56</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. C. Cutchlaw</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Sebaston, Mo</u>	23c. DATE SIGNED <u>Oct 20, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Matthews Cem. Matthews, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>Oct 24, 56</u>	REGISTRAR'S SIGNATURE <u>Fay Westphal</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitton Funeral Home</u> ADDRESS <u>Sebaston, Mo.</u>	

DATE RECEIVED OCT 30 1956
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 J. E. McMillan

Licensed Embalmer No. 469
P. O. Address Chapin

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.