

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42312**

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 18

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Deming</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Deming</u> | |
| b. CITY OR TOWN <u>Carruthersville</u> | | c. CITY OR TOWN <u>Carruthersville</u> | |
| c. LENGTH OF STAY (in this place) <u>unknown</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| e. STREET ADDRESS (If rural, give location) <u>near 3011 E. 12th st 0780</u> | | | |

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|---|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RANDALL</u> b. (Middle) <u>HUNTER</u> c. (Last) <u>M</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 30 - 1956</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | |
| 8. DATE OF BIRTH <u>unknown</u> | | 9. AGE (In years, last birthday) <u>about 15 yrs</u> | | 10. IF UNDER 1 YEAR OF AGE: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of the time, even if retired) <u>unknown</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>497-05-9700</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>None</u> | | 18. ADDRESS | | | |

| | | | | | |
|---|--|---|--|---|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (b) _____ DUE TO (c) _____ | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>9160</u> <u>16</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

| | | | | | |
|--|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carruthersville Deming Mo.</u> | |
| 21d. TIME OF INJURY <u>11-30-56 2:30A</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>House burned 078</u> | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30A m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>John St. Herman, Coroner</u> | | 23b. ADDRESS <u>Dayton Mo</u> | | 23c. DATE SIGNED <u>12-1-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-30-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u> | |
| 24d. LOCATION (City, town, & county) <u>Carruthersville Mo</u> | | 24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Dean</u> | | 24f. ADDRESS <u>Carruthersville</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 5, 1957</u> | | REGISTRAR'S SIGNATURE <u>Tessie B. Welke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Dean</u> | |

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

247

1000

1-13-57

JAN 10 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, 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.....
Noel C Dean

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville Mo*

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.