FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5349
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Laclede	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Inside Limits Yes X No ☐	c. CITY OR TOWN Lebanon 0532 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 116 Vanburen — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 116 Vanburen — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First George, Middle D, Last Randolph

4. DATE OF DEATH: Month Feb. Day 12 Year 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED X ☐ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: July 11 1870

9. AGE (In years last birthday): 86 — 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): Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Tenn. /

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

13. FATHER'S NAME: Andrew J Randolph

14. MOTHER'S MAIDEN NAME: Cathrine Harrill

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: Edgar Randolph Address 3842 Campbell Kansas City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Complete Heart Block - Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Arteriosclerosis — sev. yrs.

DUE TO (c) Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cong. Failure 4 201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-1-56, to 2-12-57 and last saw her/him alive on 2-12-57. Death occurred at 6.10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S. R. Weeks M.D.

22b. ADDRESS: Lebanon, Mo.

22c. DATE SIGNED: 2-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/14/57

23c. NAME OF CEMETERY OR CREMATORY: Oakland

23d. LOCATION (City, town, or county) (State): Laclede Co. Mo.

24. FUNERAL DIRECTOR: S. R. Palmer ADDRESS: Lebanon Mo.

25. DATE RECD. BY LOCAL REG.: 2-14-1957

26. REGISTRAR'S SIGNATURE: Della L. Day

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2.4

Received 2-18-57
Laclede County Health Unit
File No. 24
Date Filed 2-18-57

FEB 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S. R. Palmer

Licensed Embalmer No. 22

P. O. Address Lebano

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