

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40563

STATE FILE NUMBER 5388

FILED DEC 5 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Platte	
b. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Parkville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital or nursing home location) HOSPITAL OR INSTITUTION Trinity Lutheran Length of stay in lb 8 da		d. STREET ADDRESS (If outside, give location) RFD 3, Box 37. Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Samuel Procter Randel			4. DATE OF DEATH Month Day Year Nov 12 - 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1895	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Maritime Work	11. BIRTHPLACE (City and state or country) Doniphan Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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12a. FATHER'S NAME Nancy Randel	12b. MOTHER'S MAIDEN NAME Lila Logan	12c. NAME OF HUSBAND OR WIFE Ellen M. Randel
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15. DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) Yes	16. SOCIAL SECURITY NO. WW # 487-09-6434	17. INFORMANT Address Ellen M. Randel Parkville Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction due To Coronary Artery Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Arteriosclerotic heart disease		10 days
DUE TO (c)		5 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at Sept 1957 to Nov 12 1957 and last saw him alive on Nov 12 1957	Death occurred at 4:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Edward Fischer MD	22b. ADDRESS 306 E 21st St KC 16/10	22c. DATE SIGNED 11-14-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 16-57	23c. NAME OF CEMETERY OR CREMATORY East Slope	23d. LOCATION (City, town, or county) (State) Parkville Mo
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24. FUNERAL DIRECTOR Francis Parkville	25. DATE RECD. BY LOCAL REG. 11-14-57	26. REGISTRAR'S SIGNATURE. near Marshall
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Edward H. Fischer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



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 *Leland H. Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville, 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.