

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019260
State File No.

FILED JUN 5 1958

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St James</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Licking</u> 1070
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANN</u>	b. (Middle) <u>-</u>	c. (Last) <u>Randall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1958</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 23, 1876</u>	9. AGE (In years last birthday) <u>82</u>	IF OVER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 2 HRS. Hours	IF UNDER 30 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>house work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooksville Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm. Reid White</u>	13b. MOTHER'S M maiden name <u>Sarah Tiger</u>	14. NAME OF HUSBAND OR WIFE <u>James M. Myers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Marjorie Guss</u>	ADDRESS <u>Phelps Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis far advanced</u>		
	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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4221</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 20 1958</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1955 to May 22, 1958, that I last saw the deceased alive on May 20, 1958, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Myers</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>5/28/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-25-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 29, 1958</u>	REGISTRAR'S SIGNATURE <u>Reed B. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>	ADDRESS <u>Licking Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4790

RECEIVED

Phelps County Health Officer,

County File Number 1053

Date Filed June 4, 1958

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 Robert Ferguson

Licensed Embalmer No. 394

P. O. Address Lebanon

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