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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008010  
State File No.....

FILED MAR 13 1959

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 600

Registrar's No. 583

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived). If institution: Residence before admission. a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFFERSON BARRACKS, MO</b>	c. LENGTH OF STAY (in this place) <b>101 days</b>	c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Vet. Administration Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3306 PINE STREET</b>	

3. NAME OF DECEASED (Type or Print) <b>WILLIAM H. RANDALL</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>2-27-59</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>9-16-86</b>	9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>IND. PACKING CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BUENA VISTA, ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>CHARLIE RANDALL</b>	13b. MOTHER'S MAIDEN NAME <b>LILLIE FAIRCHILD</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW-1</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.</b>

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, aneurysm, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPOSTATIC PNEUMONIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>522x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INDEFINITE</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CEREBRAL INFARCTION, OLD</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <b>11-18-57</b> , 19___, to <b>2-27-59</b> , 19___, and that death occurred at <b>9:00a</b> m., from the causes and on the date stated above.		

23a. SIGNATURE <i>W. C. ...</i> (Degree or title) <b>DIRECTOR PROFESSIONAL SERVICES</b>	23b. ADDRESS <b>M.D. VA Hosp. Jefferson Barracks, Mo.</b>	23c. DATE SIGNED <b>2-27-59</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/4/59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>
		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MISSOURI</b>

DATE REC'D BY LOCAL REG <b>3-3-59</b>	REGISTRAR'S SIGNATURE <i>John P. Murphy, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ward Fun Home</b>	ADDRESS <b>4202 Franny Ave</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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... *Edward A. Flynn* .....

Licensed Embalmer No. 4444.....

P. O. Address 4202 FINNEY AV.

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.